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Keeping the Wheels Turning

In the pleasant month of May there is a festival, known as Hospital Day, when the people whom the hospitals strive to serve are made specially welcome, not as patients, but as friendly visitors. The celebrations are preceded by a grand spring cleaning. Walls are painted, floors are oiled, and every door knob takes on added lustre as the result of energetic polishing. Members of the board of directors and of the medical staff act as a reception committee and the Ladies Aid serves tea in the staff dining room. The nurses act as guides for conducted tours of the institution and there is a cheerful buzz of conversation in the corridors. The community is proud of its hospital and comes away singing its praises and less critical of the per diem cost. After all, it is surely worth the money.

Like other festivals, Hospital Day has its patron saint, and because Florence Nightingale was born on the twelfth day of May the celebrations are timed to reach their climax on that auspicious date. This association with the founder of modern nursing appears to be pretty well taken for granted. Nurses themselves attach no special significance to it and it is doubtful whether other hospital workers do either. And yet it is a genuine and sincere tribute to professional nursing. It is even a tacit admission on the part of the hospital that the knowledge and skill of the physician can only reach fulfilment in the presence of expert nursing care. Nurses are proud that this should be so, and prouder still that they are relied upon to provide it, day and night, winter and summer, Sundays and holidays not excepted.

When evening comes, most of the hospital workers go home. The business office, the diet kitchen, the laundry, the stores (in the smaller hospitals at least) hang up their keys on the night supervisor's bulletin board and go their ways free of care until the morning. But the nurses must keep watch and ward. This is their privilege as well as

their job, so why make a fuss about it? Patients are ill twenty-four hours a day.

At this point we are reminded of a time when we happened to be turning over the pages of a famous hospital magazine. There had been a grand convention, and photographs of great administrators adorned its pages. But not a single nurse — not one! Where could they have been when all these pictures were being taken? A friend, looking over our shoulder, gave a laconic answer — "They had to stay at home and keep the wheels turning," said she.

And so when Hospital Day is over everybody goes home, everybody that is except the nurses. The wards are quieting down after the excitement. The temperatures are being taken, and the treatments given. It looks as though the business office census may drop before morning because the patient in the little room just off the public ward is making heavy weather of it. But the lights are on in the delivery room so the balance may yet swing even.

Now it is morning, and the keys are being lifted from their little rack over the night supervisor's desk. The extractors in the laundry give out a steady hum. The storekeeper's little delivery cart rattles along the basement. The hospital day begins anew. All night long the wheels have been kept turning.

— E. J.

Miss Miller Comes to National Office

Under the caption of *Notes from the National Office* the official announcement is made of the appointment of Maisie Kathleen Miller as assistant to Miss Jean S. Wilson, Executive Secretary of the Canadian Nurses Association. In addition to a sound academic and professional preparation, Miss Miller has had the benefit of study and experience in the international field. In 1937 she received a scholarship awarded by the Canadian Nurses Association which enabled her to take the course offered by the Florence Nightingale International Foundation, in conjunction with Bedford College for Women and the Royal College of Nursing, in London. Upon her return to Canada, she prepared a stimulating article for the *Journal*, entitled "Under Heaven, One Family", in which she gave a vivid description of her experiences in England and on the continent. She was particularly impressed with the excellence of the work done by nurses in Finland, Sweden, Holland and Belgium. It is indeed fortunate that this new worker at National Headquarters should have had this broadening experience in the happy days when frontiers in nursing did not exist. Although the cordial relationships formed at that time are interrupted for awhile, happier days will come when the threads of friendship may be gathered up once more. In the meantime Miss Miller will have an opportunity of sharing in the rapidly expanding work of the National Office and of making a valuable contribution to it. A true daughter of "the Maritimes", Miss Miller has the qualities of steadfastness, intelligence, and devotion. In selecting one of its own "Scholars" as a member of its official staff, the Canadian Nurses Association has chosen wisely and well.

Have 'Progressive' Methods a Place in Schools of Nursing?

RAE CHITTICK

This *Journal* of ours has become such a fine magazine that one draws back and takes a look at oneself and one's ability to put something on paper that is worthy of its pages. As I thought about this article from time to time in the intervening months, certain questions went through my mind. Is there anything that I know that other nurses don't know? Is there something that is real and vital and important to many nurses across Canada with which I am more familiar than the average nurse, and which I could present in a worthwhile fashion? The more I thought about this said article the more I was convinced that what I knew most about and perhaps nurses in general knew less about was how youngsters today are being educated. What children of today are learning and how they are learning it must eventually have a tremendous effect on nurses in training and on the whole nursing profession, as well as our entire national life. The Marys and Janes, Sibyls, and Marilyns who are in our elementary schools today are tomorrow seeking entrance to some school of nursing. And they are not going to be the same type of girls as the Marys and Marilyns who are entering our schools of nursing today!

All our nurses from twenty to seventy and on have come through a system of education that has been pretty well fixed for a long period of time, in fact, ever since our public school system and free education were established. This system was based on a formal curriculum planned by certain authorities and the teacher presented this selected material in the best Herbartian manner. All children learned the same facts and the criterion of good teaching and good learning was for the children to be able to repeat back to the teacher the facts presented by her. School work was well organized into subjects and the day was divided into compartments for these subjects. Teachers worked on the premise that each body of subject matter has intrinsic educational value and it should be chronologically and logically arranged for teaching. The pupil became a little reservoir into which was poured doses of history, geography, nature study, science, grammar, composition, etc., and every once in awhile the teacher paused and took soundings to discover how much was there.

Now a new form of education is sweeping the country. It is called the "Progressive" movement, spelled with a capital P. It may have had its roots in Europe, but the movement developed into a highly organized society in the United States and a somewhat less organized one in Canada. However, organization or no organization, it is well rooted in British Columbia, Alberta and Manitoba, and but for the drought would likely be well established in Saskatchewan. The more conservative east is accepting the change less quickly, but the new course of study for Ontario shows unmistakable signs that it has been infected with the movement. In fact, educationists across Canada have felt impelled to adjust their educational systems to meet the demands of these new ideas.

Up and down the length and breadth

of the land, members of the teaching profession, and lay people as well, have been loud in their acclamations or their protestations concerning the revised organization of school work. On one side had been heard the complaint that education is going to wrack and ruin, forgetting the importance of the fundamental three R's; and on the other side a pride is displayed that the school in the district is in the vanguard of progress. Others have looked on thoughtfully, realizing that new life was pervading the school-room, and that children were interested in their work as never before.

What are the changes brought about by this movement? We hear such expressions as child-centred school, learning by experience, activity movement, integrated program. What is the significance of these? As set forth in brief in the program of study for elementary schools in Alberta, the formalism, rigidity, and narrowness of the old systems has given way to freedom:

Freedom from the tyranny of intellectual authority, freedom for the child to wonder, to question, to test and to conclude, being guided by the greater experience and wisdom of his teacher, but being led to appreciate and understand rather than to accept unquestioningly. With this intellectual freedom comes greater physical freedom, less holding of the child to rigid passivity, freedom to move, to act, to manipulate, to search, to do anything which will promote learning and which is not inconsistent with the rights of others to pursue their legitimate activities.

It is a freedom which must be curbed by self-restraint and respect for social conventions, and can be permitted only to the degree that capacity to use it properly is displayed.

How then do methods in an activity school differ from our old accepted forms of teaching? In the first place, children are more important than subject matter and the primary goal of education for both teacher and learner is to make personality. There must be many opportunities for the child to develop his potential possibilities, and he must grow in the understanding of social relationships and participate in them in ways conducive to the progress of society. He must not only develop a sound body, normal mental attitudes and controlled emotional reactions, but he must cultivate habits of critical thinking and the ability to meet new situations. Contemporary culture is the centre of gravity of general education in a "progressive" school, that is, the needs and purposes of education are always found in the needs of the society it serves. We find here the guiding principle for the selection of subject matter and activities of the curriculum. Education must come to grips with the problems of today and must provide experiences for living intelligently in this culture. The past is only important as it explains the present. The once firm view that certain subjects have disciplinary value in that they train the mind or the memory has been completely discarded.

Changed methods of teaching in the "progressive" schools include the disappearance of subject-matter boundaries, the important thing being that the fact, skill or principle has meaning and significance rather than that it be properly classified. There is much more working in groups and more research-work done by children, that is, emphasis is placed on children discovering information for themselves and bringing this information, with the problems growing out of it, for discussion in class. This type of teaching involves the reading of a wide selection of references, much more use of bulletin

boards, reading centres, pictures, slides drawings, photographs; it means much more experimentation on the part of children.

Progressive schools are convinced and have strong evidence to prove that children educated under their methods are much more aware of the problems of the society in which they live. They have a questioning attitude and are taught to think, but not what to think. They know where to look for information, for scientific data, and how to prove that information is correct. This questioning attitude, this effort put forth in searching for material and in validating it develops in children a feeling of confidence and self-reliance. It makes the child aware of methods of testing the validity of information which has been handed down from the past, and so gives him confidence in his ability to discover facts for himself, thus there is less likelihood of authoritarian indoctrination. Working in groups and in committees places emphasis on cooperative effort, and so is developed an appreciation of the work of others, and with this appreciation comes a greater tolerance of the views of other people. In short, "progressive" schools aim to give the child an attitude of experimentalism with the realization that there is no fixed truth, which is the philosophy of both science and democracy.

Now, we may question how this new pattern in education affects us as nurses? You may say that this new "progressive" idea is alright for the elementary school, but the high schools and the colleges remain much as they were, and we are drawing our people into nursing schools from those of college level. But what educators are realizing more and more is that you cannot make such profound changes in the elementary school without starting a wave that carries through the whole educational system. Already the high school has felt the impact of children refusing to accept the traditional methods. The high school student is not satisfied with the established subjects, the fixed curriculum and memoriter methods. He wants to know about the world in which he lives today and he wants some contact with it. If he can't actually go into the world of art, or business, or industry, he wants it brought into the school room where he may discuss it and experiment with it. The result is that arbitrary lines between subjects are disappearing in the high school, too, and many high schools have introduced what is known as a "core curriculum", which is what might be conceived as one broad, integrated field containing projects and units of work cutting across the social sciences, the humanities, the physical sciences and the biological sciences. In these life-like learning units the student's purposes dictate the types of subject-matter to be used, and there is a constant tie-up between problems of daily living in the school and the larger community problems.

Some changes which have already come in many schools of nursing as a result of the general movement to develop more democratic principles and increase student responsibilities and activities are student government, deciding upon and administering discipline, student-planned social activities. Now, would it be going too far to allow students to plan their own curriculum? If education starts when one wants something, should not the interests and needs of students be considered in a school of nursing as well as in any other school? Must all nurses in a school submit to identical courses? Will the push from the elementary and high schools begin an integrating process so that the boundary lines between the

great number of subjects now presented in schools of nursing may disappear? May a nurse choose a field of study and follow it through regardless of whether it cuts across anatomy and physiology, materia medica, surgery,nutrition, pathology or ethical principles? Has the time come to question the value of formal lectures for which nurses rush to class, listen to an authority, take down notes and later memorize these notes for examination purposes? Should not more emphasis be placed upon reading, on experiment and research, on the selection of problems and on devising ways and means for solving these problems? Might a nurse or a group of nurses working on a problem have access to all the departments of the hospital, if necessary, for gathering data — the sterilizing room, the diet kitchen, the laboratory, the pharmacy, and feel free to consult head nurses, superintendents, physicians or health departments. Perhaps the time given to lectures could be cut down and periods set aside for discussion of problems with someone of wider experience and greater knowledge.

The breaking down of the formalism of an authoritarian course of study which has a set number of lectures in particular subjects and the substitution of study in fields of interest takes a tremendous amount of planning by instructors and a wide knowledge of the areas to be explored, as "progressive" teachers know only too well. This form of study may involve more time free from ward duty and this is difficult to give where the demands of the hospital must be met. It involves a good library with a wide selection of references which is within easy reach of the student. It means for instructors a tremendous amount of attention to individuals or small groups of nurses in helping them to plan experiences. It may mean the placing of students in wards or departments of the hospital where they may follow out in a practical way the study they are making.

There are untold difficulties in a school of nursing since in a hospital setup the needs of the patients must first be met. Yet, perhaps the time has come to adjust our formal courses to the needs and purposes of our students as far as the situation will allow. It doesn't seem to fit into good practices of modern education to pick up the regulations governing a school of nursing and read that each student must have 65 hours of anatomy and physiology, 20 hours of bacteriology, 15 of medical nursing, 15 of diet in disease, 6 of venereal disease, etc. This presupposes that some authority has set down the requirements and in the three years spent in the hospital certain pre-selected information or materials must be covered. It leaves no room for the interests and felt needs of students. It also presupposes that every nurse must be interested in this prescribed course, because certain authorities consider there are certain essentials in the education of a nurse. Yet, it is well recognized that the field is extraordinarily great and that the art and science of nursing has such tremendous scope that it would be difficult for any authority to determine what is most essential in the education of a nurse.

When the three years are completed, the nurse, after all, has just a little insight into the field of nursing, and all we can hope to give her in that time are a few skills and a little knowledge, but we should open for her the great vistas down which she may travel. What schools of nursing must do, like "progressive" schools, is to make personality, and that personality should have deep resources within herself, be aware of

the tremendous possibilities of the world about her, and always keep advancing in the more recondite wonderings.

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Neurosurgical Nursing Care

E. H. BOTTERELL, M. D.

Trigeminal Neuralgia, or Tic Douloureux — As the name implies, this condition consists of paroxysms of unbearable pain in the face. To relieve this pain the nerve bearing sensation from the face is divided. The pain is stopped and all forms of sensation are lost over that side of the face and in the eye. A foreign body in the cornea or gauze rubbing on the eyeball is not felt and the eye must be protected, particularly the first few weeks following the operation. A watch glass is worn over the eye day and night for several days post-operatively and then only at night or in a dusty place by day; never a pad and shield.

Starting 24 hours post-operatively, first the normal eye and then the eye of the operated side are irrigated with warm 1:40 boracic acid solution, using an eye dropper. The eyeball must not be touched by the dropper. Any patient following operation for trigeminal neuralgia who develops redness or discharge of that eye must be reported at once to the surgeon responsible for the patient's welfare. The patient must wash his face in front of a mirror to avoid getting soap in his eye. Any minor infection of the face must be scrupulously treated as it will be quite painless.

The inside of the nose must not be scratched or irritated. After discharge from hospital the patient may have to wear glasses, preferably with a cellophane goggle on the affected side.

Brain Abscess — The outstanding feature of the care of a patient following drainage of a brain abscess is the prevention of any disturbance of the dressing. A very carefully applied head dressing is used but irrational patients can dislodge yards of adhesive or crinoline gauze and hands must be held or tied down. There are two reasons why it is so important to keep the dressing in place: (1) the tube or packing draining the abscess is not sutured in place; (2) if the tube is moved from its correct situation in the first 24 to 48 hours it is difficult to replace it satisfactorily. Adequate drainage may be regained only by a second operation.

Ventriculography — Under local anaesthesia a burr hole is made in the skull and a needle passed into the cavity of the brain. Cerebrospinal fluid is withdrawn and replaced by air without serious disturbance of intracranial pressure. This procedure is followed by X-ray studies in an endeavour to diagnose a space-occupying lesion such as a brain tumour or brain abscess. The patient must be followed as to pulse, respirations and level of unconscious-

ness as after any intracranial operation. Sedatives other than aspirin and codeine are never to be used either before or after ventriculography.

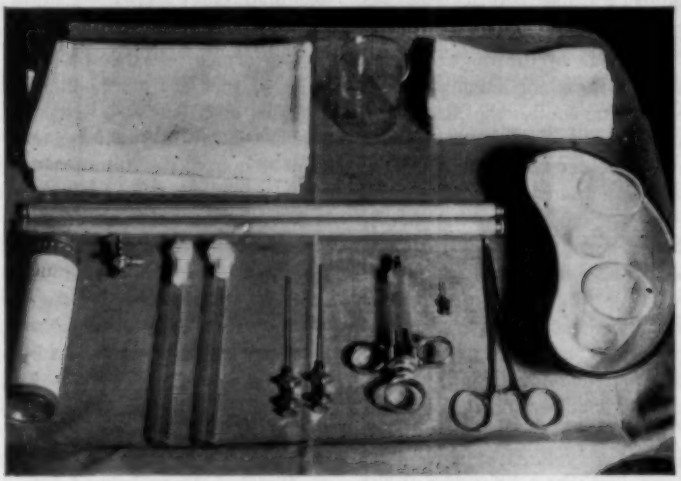
Encephalography — With patients in whom there is no increase in intracranial pressure, spinal fluid may be withdrawn by lumbar puncture and replaced with air. Considerable headache, nausea and vomiting may result and therefore the patient is usually given codeine by hypo both before and after operation. The same routine is followed on the patient's return to the ward, as after an intracranial operation, the patient being kept flat in bed for 24 hours and encouraged to drink.

Craniocerebral Injuries — Every head injury must be considered from two points of view; first, possible damage to scalp and skull, and second, possible injury to brain. At the time of the accident attention may be necessarily focussed on a briskly bleeding laceration of the scalp. At a later stage the question uppermost in the minds of many people is: "Has the skull been fractured?" In reality, the degree of injury to the brain occurring at the time of accident or later, is the question of paramount importance. A fractured skull is significant only because it may result in serious damage to the brain, allow the entry of bacteria and the development of meningitis or brain abscess, or be the cause of severe haemorrhage. Intelligent nursing of a patient who has been, or still is, unconscious from a craniocerebral injury requires understanding of the effects of a head injury upon the brain. Unconsciousness follows immediately upon sudden "shaking up" of the brain, for there is a generalized cessation of brain function. When the injury is not sufficiently severe to bruise and lacerate the brain, the patient may be merely dazed or recover consciousness within a few minutes. When bruising and laceration of the brain are present, the patient may remain unconscious for an hour or more and be semi-conscious and disoriented for days. Bruising and laceration of the brain frequently occur without any fracture of the skull.

First aid by a nurse to an unconscious patient following an accident consists of careful safe transportation, of maintaining unobstructed air passages and of control of haemorrhage from any scalp laceration. Careful transportation is not an easy problem, for a fracture-dislocation of the neck may complicate a head injury. In such a patient, if deeply unconscious and relaxed, careless handling may damage beyond repair the spinal cord. Forward flexion of the neck should not be allowed. Sufficient assistance must be obtained to maintain a strong pull of the head, thus holding the neck in line with the body. Failing adequate assistance, the patient is best transported face down with the neck hyper-extended backward.

To maintain unobstructed air passages, the tongue must not be allowed to fall back ito the throat and so obstruct the larynx. The jaw must be held well forward or the patient transported in the semi-prone position with the chin pointing toward the stretcher. Excessive bleeding must be controlled by covering the scalp laceration with gauze and applying tightly a bandage.

Concussion — 90% of all head injuries are but dazed or recover consciousness within a few minutes. All such patients, whether admitted to hospital for 24 hours or kept at home, should be most closely observed. Careful record of the level of consciousness at half-hourly intervals is necessary for 24 hours. Does the patient respond



Equipment for lumbar puncture

normally when roused? At similar intervals the vital functions, pulse rate and rhythm and rate of respirations must be noted. Temperature is taken per rectum in an unconscious patient every two hours at first, changing to intervals of four hours, and then three times a day as the condition indicates. Blood pressure is recorded along with the pulse and respirations if possible. Increasing stupor with slowed pulse and stertorous, slowed or irregular breathing denotes increasing intracranial pressure. This is commonly due to haemorrhage from rupture of the middle meningeal artery accumulating between the skull and the dura mater covering the brain, extradural haemorrhage. Convulsions may occur, one pupil may dilate or weakness of one arm and leg may become apparent, all indicating local damage to the brain. Any of the above disturbances of consciousness, pulse, respirations, paralysis or convulsions must be reported at once to the doctor in charge of the case. The onset of convulsions may herald the onset of haemorrhage and is an event of the most pressing urgency. The difference between the successful surgical removal of such a blood clot and a fatal outcome may be only a delay of half an hour in seeing the patient. The period following the accident and before the second lapse into unconsciousness when the patient is apparently normal is known as the "lucid interval".

Contusion and Laceration of Brain — A much smaller group of patients are absolutely unconscious for an hour or more and may remain semi-conscious and oblivious of their surroundings for days or even weeks. This state of affairs results from actual bruising and laceration of the brain.

Nursing care must solve two major problems. The first is the recognition of signals indicating that the patient's life is in danger. The level of consciousness, vital reactions and general

reactions of the patient must be closely observed. The level of consciousness is best gauged by the response to a pinch on the inner side of the thigh or arm. In a patient who is not moving the extremities spontaneously the degree of voluntary movement of the arms and legs can also be determined in this way. The pulse rate and rate and rhythm of respirations are recorded at half-hourly intervals. Frequent estimations of blood pressure are also helpful. Temperature must be taken per rectum every two hours at first and a four-hourly clinical chart may be commenced after recovery has proceeded somewhat.

Increasing depth of unconsciousness, slowed pulse and respirations, a diminished range of voluntary movements on one or both sides of the body, a dilated pupil or convulsions, are all danger signs, any one of which requires the immediate presence of the physician. By these means, early presence of a blood clot pressing on the brain or increasing intracranial pressure from oedema may be recognized and treated.

The second problem consists of protecting an unconscious patient from injury, providing nourishment and rest in spite of an unruly lack of co-operation. The majority of patients require no surgical intervention so that recovery depends upon the efficiency of the nursing régime. In the period of deep unconsciousness immediately following the accident the patient requires the same care as if deeply anaesthetized. The air passages must be kept clear, and this is most satisfactorily performed (as in a post-operative case) by placing the patient on the side with the head on a small pillow and the mouth directed towards the mattress. The tongue falls forward, and blood, vomitus and mucus drain out of the dependent corner of the mouth. Warmth is essential, for the patient may be suffering from surgical shock. No attempt should be made to give fluids by mouth. Lumbar puncture may be performed at this or some later stage so that a tray should be readily available at all times.

The illustration shows the equipment required for a lumbar puncture, study of cerebrospinal fluid pressure, and collection of cerebrospinal fluid. Lumbar puncture needles, three-way stop-cock and manometer should be carefully fitted. Once a tight fitting set has been assembled, it should always be used as a unit. The equipment includes 2 towels, 3 gauze wipes, 2 medicine glasses, 2 oz. novocaine, 1 beaker, 65% alcohol, 1 pair artery forceps, 2 c.c. syringe, 1½ c.c. fine needle, 2 medium large lumbar puncture needles, Ayer manometer, three-way stop-cock, 2 sterile test tubes. The cardboard holder containing a sterile test tube is particularly useful. It is supplied in Ontario by the Provincial Laboratory.

Within an hour or two, as recovery proceeds, the patient becomes semi-conscious. From a mild degree of stirring, intense restlessness may develop with attempts to climb out of bed and constant thrashing about. This stage of restless semi-consciousness is a real problem as it may last for days. The patient must be prevented from self injury. Side boards or a crib bed will help to prevent falling on the floor. Restraint, regardless of the method by which the patient is tied down, serves only to aggravate the involuntary thrashing about. With a nurse constantly present the patient must be allowed to move about in the crib bed as freely as in compatible with safety, regardless of the positions achieved. Elbows and knees and heels may require protection with cotton wool and bandages if the skin is not to be rubbed

off. Pyjamas, rather than a night gown, allow the fullest range of movements in bed and unexpected excursions about the ward with a minimum of disturbance of the proprieties.

To prevent exhaustion, sedatives may be necessary but must be given only as ordered by the surgeon. Sedatives may so mask the patient's general condition that particular care and thought are necessary in their use. A quiet half-darkened room is of great advantage, for a bright light or sudden noise will rouse a quietly dozing patient into prolonged activity.

The unconscious or semi-conscious patient, like any other living person, requires fluids for maintenance of the normal function of the body. Frequently food and fluids cannot be given by mouth. The constant struggling makes it impossible to keep either a needle or canula in a vein. Under these circumstances a duodenal tube may be passed through nose or mouth and left in place for as many days as necessary. By this means the patient is given from 1500 c.c. to 2000 c.c. of fluids high in caloric value, each 24 hours. Sedatives such as paraldehyde can readily be administered by this route.

Incontinence of urine is the general rule, but occasionally retention of urine is responsible for an extreme degree of restlessness and catheterization is necessary. Involuntary bowel movements usually occur but no alarm need be felt if the bowels do not move for four or five days following the injury. It is probably better to administer magnesium sulphate by mouth or to instil four ounces of a saturated solution of magnesium sulphate per rectum than to give an enema, in spite of the havoc wrought with the bed.

Care of bleeding and leakage of cerebrospinal fluid from ear or nose — Bleeding or leakage of spinal fluid from the ear is indicative of a fracture of the base of the skull. A communication exists between the external ear and the cerebrospinal fluid bathing the brain. Under no circumstances should any attempt be made to clean the canal of the ear nor should any instrument be introduced. It suffices to place sterile cotton wool at the outer opening of the canal of the ear. Leakage of spinal fluid from the nose is absolute evidence of a fracture of the roof plate of the nose. This fracture establishes a communication between the nose and the cerebrospinal fluid bathing the brain. In the absence of signs of a blow on the face, bleeding from the nose is suggestive but not absolutely indicative of a fracture of the roof plate of the nose. Local treatment consists of keeping the lower part of the nostrils clean and, if the patient is conscious, cautioning him against blowing the nose at all or sneezing violently.

Convalescence from a craniocerebral injury — Convalescence starts when the patient recovers consciousness sufficiently to take the slightest interest in the surroundings or to co-operate in any way in his own care. This definition of convalescence holds whether unconsciousness is momentary or of long duration. Most patients reaching this stage make a satisfactory recovery in spite of serious mental hazards. The largest mental hazard is the widespread conviction of the public that "brain injuries" or a "fractured skull" frequently lead to epilepsy, mental and moral deterioration and the like. The greatest care is necessary to ensure from the patient's first waking moment that everything impresses upon him that complete recovery is sure. Nothing so delays and complicates convalescence as the patient hearing such remarks as "he has had a close shave", or "the brain is torn." Nursing care throughout

convalescence requires an atmosphere of reassuring optimism. The patient is steadily encouraged to increase his range of activities so long as fatigue, headaches or dizziness do not become troublesome.

(To be continued)

"Meat for the Hungry"

N. L. Burnette

At this time, when so much emphasis is being placed on the subject of nutrition, the history of our first cook book is not without interest. The journals of early days in Upper Canada are filled with wails about the execrable food. Doctor Dunlop, writing in 1832, remarks, "The proverb of God sending meat, and the Devil cooks, never was so fully illustrated as in this country." "How," he says, "poultry is dressed so as to deprive it of all taste and flavour, I am not sufficiently skilled in cooking to determine; unless it be by first boiling it to rags and then baking it to a chip in an oven."

Shirreff, who has left us a painstaking daily account of his travels in Old Ontario in 1835, seems never to have had a decent meal. One would imagine that some of the settlers must have brought cook books with them. As a matter of fact, one was actually printed in Kingston in 1831 under the delightful title of "The Cook Not Mad." However, this was merely a reprint (and probably pirated at that) of a work originally published in New England.

It was not until 1854 that the redoubtable Mrs. Traill came to the rescue of her dyspeptic fellow colonists; and in her usual thorough manner, tackled the problem by writing the "Female Emigrants' Guide." This book, which is now a collector's item, must have been deservedly popular because, under slightly different titles, it ran through three editions. The Guide was the first real Canadian cook book. It was written here, published here, and very definitely designed to meet purely local needs. Furthermore, one can claim for the Guide that, to this day, it is still the only true Canadian Cookery. It deals with nothing but the preparation of native dishes. As to finger-length sandwiches, vitamins, calories, balanced diets, and the pallid horrors of "The House Beautiful," Mrs. Traill is magnificently silent. Her's is a cuisine for men—and the Homeric Gods.

With watering mouths, let us consider our author's remarks on the proper serving of pigeons. It must have been the passenger pigeon of which she speaks: "Pick and draw your birds; mix bread crumbs with a little parsley chopped fine, some butter, pepper and salt; put a little into the body of each bird; lard and roast them. The basting will serve for gravy—or add a little butter, and a very little boiling water after you have taken up the birds, and heat it in the pan your pigeons were roasted in." Or as an alternative, the book offers pigeons in crust, pigeon pie, or pigeons stuffed, larded and baked in a kettle covered over with hot embers. Mrs. Traill says, "During the Spring and Summer months, numbers of pigeons linger to breed in the Canadian woods, or pass over in straggling flocks when they are shot in numbers by the settlers. Pigeons are best for table just after wheat harvest; the young birds

are then very fat. They are good any way you cook them." One can well believe her.

There are recipes for wild rice, venison, bear, partridge, black squirrel, Canadian hare, wild duck, wild geese, native fish—and of course, maple sugar. Eleven pages are devoted to the subject of corn—that delectable cereal which is still a novelty to the new-comer from overseas. Probably Mrs. Traill was familiar with an old English Cook Book, which speaking of "Jugged Hare" started off with the eminently practical advice "first catch your hare." Mrs. Traill deals in detail with the growing and harvesting of corn, and she treats of all our native vegetables in the same manner. Before giving recipes for the cooking of potatoes, pumpkins, squash, cucumbers, melons, tomatoes, and beans, she always devotes considerable space to proper methods of planting and cultivation. There is a very interesting chapter on wild fruits. Mrs. Traill tells us that the Mandrake or May-Apple was the first native fruit that she tasted after her arrival in Canada. She recommends the Mandrake as a delicious preserve, and advises that it be cultivated in the settlers' orchard.

It is worthy of note that Mrs. Traill touches very lightly on the medicinal value of the plants and herbs that she mentions. Our author was a keen botanist. She must have been familiar with the Herbals that were in favour in her time. But she was a highly intelligent woman. It is just possible, that because of this, she was cautious about commonly accepted cures founded only on tradition.

Mrs. Traill mentions the usual methods of manufacturing wine from native fruits. She also has a few remarks to make about beer: "There is nothing that the new settler complains about more feelingly of than the want of good beer and ale. Nobody brews beer in their own homes in Canada. Beer can be got in all towns it is true; but it is not, the emigrants say, like the sweet well-flavoured home-brewed beer of the English farm house. The reasons are... there are few mallsters... barley is not very generally grown as a rotation crop... the want of vessels and conveniences for brewing is an obstacle which it often takes years to overcome; and by that time, the taste for beer has often unhappily been superseded by that of whiskey. I feel sure that if there were more private families who brewed beer, there would be a thousandfold less whiskey drunk in this colony."

Then Mrs. Traill offers recipes for home-made beer brewed from treacle, beets, or maple sugar! The sweetness of the major ingredients were to be counteracted by the addition of some acid fruit, or sprigs of hemlock. One feels diffident about contradicting a lady, but it is questionable whether Mrs. Traill is quite sound on the subject of fermentation. She seems to think that potables made in the manner which she describes would be fit to drink in anything from two to ten days. Scientific experiments conducted in the homes of millions during prohibition, rather indicate that the results were more likely to be an unpalatable soft drink, or else, a high explosive that unbottles itself with alarming ferocity.

Recollecting early days, when her store of tea and coffee had been exhausted before fresh supplies were obtainable, Mrs. Traill gives an interesting list of substitutes. This includes, sassafras, sweet-fern, meadow-sweet, Labrador and hemlock tea; and coffee made from the acorn of the white oak or from dandelion roots. Concerning the latter, Mrs. Traill says: "I can speak to the excellence of the Dandelion Coffee,

having drunk it... the addition of a small quantity of good coffee would be an improvement... as the difference would then hardly be detected between the substitute and the genuine article." Of course, Mrs. Traill was the most cheerful soul that ever pioneered in the Canadian Bush, but it is just as well to remember that she was brought up on English coffee-making.

"The Female Emigrants' Guide," as its name implies, was more than a cook book. There are chapters on the management of wool, bee-keeping, soap and candle making, and the weaving of rag carpets. The home-maker is advised to plant a vegetable garden for use, and to grow flowers, shade trees, and vines, for beauty. The introduction is a classic. In it, Mrs. Traill goes fully into preparation for the voyage. What clothing to buy, what household goods and utensils should be purchased in the Old Country, what can be left behind because obtainable in Canada, what training in useful arts would best benefit women before leaving the Old Land. This last is important. Mrs. Traill points out that it is one of the settler's great objects to make as little outlay of money as possible. Everything that is done in the house by the hands of the family is so much saved or so much earned towards the payment for the land or building houses and barns, buying stock, or carrying on the necessary improvements on the place; the sooner this great object is accomplished, the sooner will the settler and his family reach a state of independence.

In furnishing a Canadian log-house (says the Guide) the main study should be to unite simplicity with cheapness and comfort. But this does not preclude the exercise of good taste: "A common box or two stuffed so as to form a cushion on top, will fill the recess of the windows... a set of book shelves stained brown to hold your library... a set of corner shelves fitted into the angle of the room (the whatnot of Victorian days) for any little ornamental matters or for flowers. A few prints or pictures... they are intellectual luxuries that even the poorest man regards with delight." Mrs. Traill gives advice on cooking stoves, and the heating of the house. She tells how barrels can be converted into wash tubs, and easy chairs. Tanned and dyed skins make excellent door mats and warm hearth rugs. Quaintly enough, there is a whole section on the evils of the chronic borrowing neighbour.

The book is a complete manual of Canadian housewifery. All that is touched upon is essential. But Mrs. Traill never lets one forget that the chief need of a hard working settler's family is a good, wholesome and varied diet properly prepared. "Never," she says, "sacrifice the comfort in the kitchen for the sake of a best room for receiving company." Mrs. Traill was a very beautiful character. She was a deeply religious woman. In the Guide, she writes in all sincerity, "Unless the Lord build the house, they labour in vain that build it." Nevertheless, she had her own ideas about human contributions to happiness. One surmises that she would not wholly approve of even a celestial mansion unless it had a first-class kitchen.

M.L.I.C. Nursing Service

Miss Gertrude Gouin (Notre Dame Hospital, Montreal, 1937, and University of Montreal public health nursing course, 1937-38) was permanently appointed, on March 10, 1941, to the Metropolitan Nursing Staff in charge of the Grand'mère service.

The Treatment of Juvenile Delinquency

FRANK J. CURRAN, M. D.

I have carefully perused the articles dealing with psychiatric nursing published in the *American Journal of Nursing* and in the *American Journal of Psychiatry* since 1930, and I have found very few articles dealing with the role of the nurse in the treatment of behavior problems of children or adolescents, but I have reviewed many excellent articles written by nurses, physicians and psychologists dealing with more general aspects of psychiatric nursing. such as nursing techniques, mental hygiene and the nurse, the education of the psychiatric nurse and the like. Included in this latter group are papers by May Kennedy[1], Wilgus[2], Noyes[3], Bennett[4], Thielbar[5], Faber[6], Ingram[7], Patry[8], Taylor[9], Jones, Kennedy and Shields[10], Knight[11], and Mather[12].

Bullard[13] has stressed the value of nurses being psycho-analyzed before they work with mental patients. He writes:

Analyzed personnel have been found to be of tremendous value in dealing with acutely disturbed patients. Having experienced anxiety, fear and panic, irritation, anger and rage in their own analyses and having learned to what these may be due and how infinitesimally slight frustrations may provoke them, they are more alert to the feelings of the patients and intelligent in dealing with them.

Bowman[14] has criticized certain hospital procedures, particularly the tendency for administrative procedures to become highly standardized and mechanical, and points out that the staff personnel, including the nurses, must be guided by the individual problems of the patient, so that hospital regulations may have to be ignored in cases of emergency. He briefly mentions the functioning of the children's and adolescents' wards at Bellevue and discusses the groupings of small boys with small girls on the children's ward as being preferable to that of having big and small boys together. Bender[15], who is in charge of the children's ward in Bellevue, read a paper before the New York County Registered Nurses' Association in April, 1938, and she discussed mental hygiene and the child, discussing particularly the mental life of the infant and small child. Bowen[16] has described nursing attitudes toward the treatment of behavior problems at the Emma Pendleton Bradley Home, but states that the patients there range in age from two to eleven. Faber[6] briefly mentions the adolescent period in discussing methods of teaching mental hygiene to student nurses and discusses how the adolescent student nurse can see her own difficulties in exaggerated form as they appear in the mental patients.

It is quite likely that the paucity of scientific literature dealing with psychiatric nursing of adolescent problems is due to the fact that in most parts of the country these problems are treated either in child guidance clinics or in correctional institutions. In such places the role of the nurse is usually minimal or administrative and does not include psychotherapy. At the 1939 meeting of the American Psychiatric Association, Stevenson[17] presented an outline of standards and curricula for courses in psychiatric nursing; these represented the first major revisions since the standards were set by the American Psychiatric Association in 1923; the National League of Nursing Education has co-

operated in preparation of this outline. In Stevenson's report, no mention is made of adolescent psychiatry and it is suggested that four hours of teaching of child psychiatry would be "highly desirable", although the teaching of other aspects of psychiatry is deemed essential.

In this paper, I shall briefly mention some of the more frequent psychiatric problems of the adolescent, shall describe the set-up of the adolescent ward at Bellevue Hospital, shall discuss a follow-up study of three hundred of our cases, and finally discuss the role of the nurse in the treatment of the emotional problems of the adolescent.

General Psychological Problems of Adolescence: The term adolescence means "growing up" and usually extends from the time of puberty up to twenty-two or twenty-three. There is no well defined beginning or end of this period. During this time one clings to the protections and pleasures of childhood, while at the same time reaching out for the privileges and responsibilities of maturity[18]. Among primitive people there is no period of adolescence. One is a child until puberty. Then, with puberty changes (sudden increase in height, voice changes, onset of menses, etc.) one becomes an adult. In our civilization we have no definite time when one is designated as an adult and permitted to wear long trousers, high-heeled shoes, or to smoke, use cosmetics, or drive a car, and this leads to considerable conflict between parents and children. With the exception of the sexual problem, there is no specific emotional problem of adolescence, but all of the physical and emotional problems of childhood and adulthood can, however, be seen in a very dramatic form at this time.

Garrison[19] describes the universality and normality of delinquency and states that nearly everyone, at some time in his life, has committed anti-social acts. It is often a question as to "who is caught". Moreover, some anti-social tendencies are more easily detected than others. Behavior problems are usually symptomatic of a great variety of conditions, such as physical conditions, socio-economic status of the parents, general conditions of the home, intellectual conditions, educational advancement of both parents and child, faulty habit formations and poor guidance.

A juvenile delinquent is defined as a child of more than seven and less than sixteen who shall commit an act or omission which if committed by an adult would be a crime not punishable by death or life imprisonment. If an individual is over sixteen and under twenty-one, he may also be adjudicated as a delinquent or wayward minor. A wayward minor is defined as one who is wilfully disobedient to the lawful commands of his parents or guardians.

Set-Up of Bellevue Adolescent Ward: In April, 1937, we opened the adolescent ward[20] in Bellevue Psychiatric Hospital and, to my knowledge, it is the only ward of its kind in this country which deals only with the emotional problems of adolescents. The majority of our patients are non-psychotic behavior problems referred to us from the Children's Courts, Board of Education, and Social Service Agencies. Because our ward is equipped to handle only fifty to sixty patients at a time, we usually admit only adolescent boys between the ages of twelve and sixteen. Less than ten percent of our patients are neurotic or psychotic, while the greatest group consists of behavior problems, the charges varying from disobedience and truancy up to murder, four of the latter cases being admitted

during the first year of the ward's existence[21].

These cases represent roughly only about seven to nine percent of all the delinquent boys appearing in the New York Children's Court. In 1937, for example, there were 4,571 delinquent boys in the New York Courts and during the first year of the existence of the Adolescent Ward, we had 496 "first admissions", of which 353 were court cases. First offenders in the Children's Courts are rarely sent to us unless they are sex cases and the majority of the boys have had at least 2 or 3 previous court appearances and opportunities on probation before being sent to Bellevue. Thus the cases on the Adolescent Ward represent the more serious forms of delinquencies or emotional problems and have been frequently compared to the "Dead End Gangs", popularized in the theatres and movies in recent years.

From a sociological standpoint, the largest number of our boys are products of broken homes or else they come from homes where the parents are on home relief or its equivalent. Many of our boys are the children of psychotic or criminal parents. Negroes and children of Italian extraction form the largest part of the ward census followed by children of Irish extraction. We have very few Jewish boys on the ward and these are usually neurotic or psychotic rather than behavior problems. As might be anticipated on a ward consisting of adolescent boys, the majority of whom have been showing antisocial conduct at home or at school, considerable aggressive and destructive behavior has been observed[20].

When the ward was first opened, considerable property damage occurred. Windows were repeatedly broken. Tables and chairs were frequently destroyed. Murals were ripped from the walls. Door knobs were broken, light fixtures were tampered with, sheets and blankets were thrown out the broken windows. These boys would ask for brooms or mops to help clean the floor and would then use the handles to puncture holes in the soundproofings on the ceiling. They destroyed victrolas and victrola records which were being used to provide music for their dancing lessons. They would rip up keys from pianos. On one occasion they removed the metal caps from the bottom of chairs and inserted them in the heels of their shoes to give a "sound effect" to their tap dancing. These aggressive and destructive acts have been greatly curtailed since we have better understood the underlying problems and have found the roots of many of the boys' difficulties.

At times a group of boys would organize themselves as a committee to initiate each new boy. They would usually perform their activities late at night, would force the newcomer to undress and would hit him several times on the buttocks. If he rebelled, they would hit him, producing injured eyes, bruised arms, and torn clothes. Whenever we learned of such ceremonies we would have a group conference with all the involved parties, would try to point out the significance of their aggressive acts and would then be free of this initiation ceremony until an entirely new group would be on the ward. The boys justified these initiations by pointing out the initiation ceremonies in fraternity houses, and other organizations, and said that the ward gave them their only chance to be like fraternity boys in college.

Occasionally the boys organized groups such as the "Black Legion". Its avowed purpose was to "gang up"

on anyone giving information about property damage to nurses or physicians. However, this group was soon found to be assaulting only Jewish boys and the guilty parties acknowledged this, saying: "The Jews killed Christ".

Types of Treatment:[22] It is our policy to keep our patients under observation for about four weeks, because often we are not able in a shorter period of time to determine whether or not a boy will be able to adjust in the community or (should he require institutionalization) to decide which type of institution should receive him. Often boys will behave themselves for a week or two and then manifest very serious antisocial conduct, similar to that which they had previously shown in the community. In contrast, some patients on admission are very sullen and uncooperative but soon adjust well on the ward and subsequently in the community. We feel that this is one fault in the average child guidance clinic, namely that the boy is seen only once or twice for an interview of an hour or two by the psychiatrist and then a decision is made as to his diagnosis and future placement.

The organization of the ward activities has been greatly facilitated by the Works Progress Administration and we have had athletic, dramatic, musical, dancing, art and remedial reading classes sponsored by various divisions of the W.P.A.; recently many of these projects have been taken over by our nursing personnel. In addition, we have two regular Board of Education Classes, to which we send our boys in small groups. Adolescent girls (who at present are being cared for with the quiet adult women patients) attend these school classes with the boys as we wish to duplicate as much as possible the school set-up which the children face in the community. Adolescent problems are often concerned with sexual tensions or conflicts, and such symptoms as blushing, shyness, overassertiveness and flirting occur at this time. As these problems present themselves we then attempt to analyze them and to clarify these and other school problems for the patients, the teachers, and the parents.

(*To be continued*)

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A New Post-Graduate Course

FANNY C. MUNROE

Beginning on May 1 the School of Nursing of the Royal Victoria Hospital, Montreal, is commencing another experiment in post-graduate education for nurses. Already post-graduate courses are available here in the Women's Pavilion and in the Montreal Neurological Institute. Now the clinical facilities of the operating rooms are being made available for operating room nurses wishing further education in their specialty. Always has it been the policy of the Hospital to welcome observers in the operating rooms but previously no definite course was offered. Such a course should demonstrate good teaching of student nurses, good working conditions, good operating room technique and management, as well as a good educational program for the post-graduate student herself. The clinical facilities of the Hospital are such as to provide ample experience for both student and graduate. The total number of operations for 1940 was 7648.

To begin with, two post-graduate students have been accepted for a four-months period. Their course is definitely planned to include lectures in operating room technique and management; in anatomy; anaesthesia; pre-operative and post-operative care; in general surgery and in surgical specialties. Lectures will be given by nurse instructors, operating room supervisors, and by surgeons. Library facilities and time for study and recreation will be insured. Experience will be given in operating room management; in general surgery; in gynaecology; in urology, including cystoscopic examinations; in oto-laryngology, including bronchoscopic examinations; in

ophthalmology; and orthopaedics. Observation only can be offered in the neuro-surgical operating room, with experience in their dressing rooms, with practice not only in scrubbing for operations but in teaching students. It is also hoped to arrange some observation in special hospitals in the city. This entire course will be repeated three times yearly. The carrying out of such a program means that the post-graduate student is an expense to the hospital rather than an asset. Therefore the group to be admitted will be carefully selected. The applicant must be a high school graduate, a graduate of an approved School of Nursing, registered in the province where she has been working. She must have had a definite period of operating room experience following graduation. She must be recommended as having operating-room ability by the superintendent of nurses for whom she has been working. She must present a certificate of health, including chest X-ray.

The course will be four months in length, and will commence on May 1, September 1, and January 1. A registration fee of Ten Dollars is required. Maintenance is provided but no monthly allowance is given. A diploma will be given on the satisfactory completion of the course. If not satisfactory, the nurse will be asked to withdraw.

The need for such a course in Canada has been shown by the many requests both from hospitals which are in need of experienced operating room nurses, and from nurses themselves who wish to become more competent. Good operating room nurses have never been too plentiful and the war has already depleted the supply. Some modification of arrangements may later be indicated but it is not intended to alter the educational content of the program.

King and Country

Recently a much overdue parcel arrived from Britain containing a delightful edition of "King and Country", which is a selection of some of the finest speeches and broadcast addresses made by members of our Royal Family and many of the great British statesmen during 1939 and 1940.

This book is a gift to the Canadian Nurses Association from the National Council of Nurses of Great Britain and was accompanied by the following message from its President, Mrs. Bedford Fenwick, Founder of the International Council of Nurses. This message reads as follows:

Presented to the members of the Canadian Nurses Association with affectionate gratitude, from their colleagues in the National Council of Nurses of Great Britain.

This treasured gift is now in safe keeping at the national headquarters of the Canadian Nurses Association.

The members of the Canadian Nurses Association will be greatly touched by this mark of affection and thoughtfulness at a time when the President of the British Association must have very full, busy, and trying days. We are glad to express the thanks and deep appreciation of the Canadian Nurses Association through its *Journal* and to take this opportunity of letting the nurses of the Empire who are on duty in Britain know how much they are in our thoughts and prayers.

— G. M. F.

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

In the history of the Canadian Nurses Association one finds repeatedly evidence of benefits derived from unification of effort in a common cause by the nurses of Canada.

At present the provincial associations of registered nurses are confronted with a problem that must be regarded as nation-wide, namely, the need for immediate attention to the stabilizing of nursing services on the home front under prevailing conditions. Many well-qualified members of the nursing staff of hospitals and public health agencies have enrolled for service with the Royal Canadian Army Medical Corps and the Medical Service of the Royal Canadian Air Force, therefore it is becoming difficult to secure similarly well-prepared nurses for the civilian positions thus left vacant.

The Executive Committee of the C.N.A., aware of the depleting effect upon nursing at home because of enrolment for military service and recognizing that organized nursing should accept responsibility in helping to overcome this problem, has recommended its early consideration by the provincial associations. In support of this recommendation and to secure effective action without delay, three important points have been brought to the attention of the federated units of the national organizations. These are:

1. That every effort be made to maintain the standards of entrance to schools of nursing as approved by the Canadian Nurses Association. It would be disastrous to the future of nursing should entrance requirements be lowered or there be an unwarranted influx of students into the profession in order to secure sufficient personnel to maintain the nursing service of hospitals.

2. That a careful survey be made of promising nurses among junior members of staff and of those engaged in private duty and general nursing with the idea of encouraging them, also helping if necessary, to undertake post-graduate experience or study which would prepare them for special positions that must be filled by properly qualified nurses. As shortage of qualified staff will inevitably create an administrative problem for superintendents of schools of nursing and public health nursing organizations, their opinion and co-operation in this matter should be sought. Also Alumnae Associations of Schools, because of their more intimate knowledge of members in their respective groups, could be of much assistance in selecting promising nurses.

3. The provincial associations of registered nurses are reminded that the Canadian Nurses Association has earmarked a certain amount of reserve funds, to be utilized in the nature of loans and bursaries by graduate nurses who are desirous of promoting their professional standing in the interests of nursing service. Because of existing conditions, the C.N.A. hopes that the Provincial Associations will continue or

possibly increase their efforts in giving financial assistance to their members; also that Alumnae Associations will be able to share in this type of activity. The necessity for adequate preparation in order to give the very best service possible, in the field in which she is most suited, should be the individual responsibility of every nurse. This is important not only for meeting the present emergency but as an essential preparation for anticipated increasing demands for efficient nursing service for the future.

Although in recent issues of the *Journal* these *Notes* have referred to loans and bursaries offered by the C.N.A. we wish to reiterate that the Association is interested in helping nurses who are financially handicapped, in furthering their professional standing and a sum of money has been made available for this purpose. While a considerable amount has been made available for loans, funds for bursaries (cash grants) are limited. Therefore it is hoped that members of the C.N.A. who are in need of financial aid will apply for loans when possible rather than bursaries. The latter will be available to nurses who have demonstrated outstanding ability in administration, teaching or supervision, and who are anxious to prepare themselves for some particular position demanding special qualifications. The maximum amount for any one bursary shall not exceed $300. while the maximum amount of any one loan shall be $500. Information by those who are interested in furthering their professional development by aid of a loan or bursary and who wish to make application for such help should write to the Executive Secretary of the Canadian Nurses Association, 1411 Crescent Street, Montreal.

Appointment of an Assistant to the Executive Secretary

The President of the Canadian Nurses Association, Miss Grace Fairley, has pleasure in announcing the appointment of Miss Maisie K. Miller as Assistant to the Executive Secretary, and that she will assume her new responsibilities on October 1.

Miss Miller is a graduate of the Moncton Hospital, Moncton, N. B. She has attended Mount Allison University for two years and McGill University for one year. In addition to supervision and teaching in her own school, Miss Miller has also had experience in the field of private duty nursing.

In 1938, the Canadian Nurses Association awarded the Florence Nightingale Scholarship to Miss Miller for a year of study in the Course for Nurse Administrators and Teachers in Schools of Nursing at Bedford College, University of London, and the Royal College of Nursing, London, England. When she returned to Canada at the conclusion of her year in England, Miss Miller was appointed assistant superintendent and practical instructor at the Victoria General Hospital, Halifax, N.S.

The appointment of an Assistant to National Office has been under discussion for sometime, and the Canadian Nurses Association is fortunate in having secured Miss Miller to fill this position.

Civilian Nurse Air-Raid Victims Fund

Contributions in aid of the Civilian Nurse Air-Raid Victims Fund, Great Britain, have been received from:

Alberta Association of Registered Nurses ..... $ 150.00

Registered Nurses Association of British Columbia	1000.00
Saskatoon Registered Nurses Association	210.79
Nova Scotia:	
Military Nurses, Nova Scotia	$21.95
Members of Halifax Branch, R. N. A. N. S.	9.75
Ontario:	
A. A., Toronto General Hospital	100.00
A. A., Toronto Western Hospital	25.00
A. A., Wellesley Hospital, Toronto	67.50
A. A., St. Michael's Hospital, Toronto	25.00
A. A., Memorial Hospital, St. Thomas	52.00
Graduate Nurse Staff and Students, Toronto General Hospital	203.25
School of Nursing, University of Toronto, Students, Staff and Alumnae	28.25
Nurses of Sarnia	39.50
Three individual nurses, Toronto and Agincourt	17.25

Nightingale Memorial Fund

Contributions to the Florence Nightingale Memorial Fund have been received from:

Nova Scotia:	
A. A., Children's Hospital, Halifax	$ 5.00
A. A., Glace Bay General Hospital	10.00
Staff and Student Nurses, Victoria General Hospital, Halifax	10.00
Colchester County Branch, R. N. A. N. S.	10.00
Victorian Order Nurses, Halifax	2.00
Ontario:	
A. A., Guelph General Hospital	10.00
A. A., School of Nursing, University of Toronto	5.00
A. A., Toronto Western Hospital	10.00
District 4, R.N.A.O.	5.00
Nurses' Registry, Simcoe	5.00

Prince Albert the Place of Meeting

The twenty-fourth annual convention of the Saskatchewan Registered Nurses Association is to be held in Prince Albert on May 29 and 30, 1941, with Miss Ann Morton of Weyburn presiding. This invitation from fellow members in the northern part of the province to meet in Prince Albert this year is very welcome. The attractive setting and admirable arrangements are still very live memories to those who attended the convention in 1937. Owing to the courtesy of the Anti-Tuberculosis League, represented by Dr. Kirby, Superintendent of the Sanatorium, the meetings are again to be held at this centre—a very appropriate one.

At this convention Dr. Hope Hunt is to be one of the chief speakers. Dr. Hunt succeeded Mrs. Rutter last year

Prince Albert Sanatorium

as head of the Department of Household Science at the University of Saskatchewan. As Dr. Hunt says, this will be her maiden speech in Saskatchewan, "off the Campus". Nurses are honoured by this fact and are glad of this opportunity to welcome Dr. Hunt to Saskatchewan. Dr. Hunt is not going to speak on calories or vitamins, but on something less obscure—on vital interests and problems shared by nurses and dietitians. It is to be an opportunity for an interchange of ideas. Hospital and school administrators and supervisors will have much to contribute to the discussion, and to gain from it.

Another stimulating item on the program will be the Round Table Discussion to be conducted by Miss R. M. Simpson on questions as varied as are professional interests. Those who felt that the time for the discussion last year was too short are asked to be there to "carry on". Questions sent to the Registrar of the Saskatchewan Registered Nurses Association in advance of the meeting will be included with appreciation.

It seems very fitting at this meeting held in Prince Albert, itself an historic centre, that the history of nursing should be the subject of an exhibit. This is to include a cap and book display. For the two latter contributions we are indebted to Messrs. J. B. Lippincott, Montreal. It is also hinted that the student nurses of the two Schools of Nursing in Prince Albert have a surprise in store for members who have not recently explored this very interesting field. The *Journal* committee, Provincial Sections, and other organizations have been asked to contribute. It is hoped that every School in Saskatchewan will be represented.

At this meeting momentous decisions are to be made. Plans are to be formulated for Saskatchewan's contribution to the Canadian Nurses Association British Nurses Relief Fund; the stabilization of nursing services as recommended by the Canadian Nurses Association, and the part we are to take in this; the organization of the Provincial Nurses Association into districts. These and other matters for study are a challenge to *each* nurse to attend the Convention and to give her support and advice in these perplexing times—a special challenge to *young* nurses. Their future may be vitally affected by decisions made at the present. We have this in mind when we ask as many of them as possible to attend. May not this be one answer to the desire we all share in these days to "do something"? Is it not possible that *our* contribution may be the support of professional activities and the maintenance of interest in everyday events in these very difficult days?

The hospitality of nurses in Prince Albert is an outstanding memory of 1937. While full details of the arrangements are not yet available, a recent visit to Prince Albert gave assurance that nothing had been overlooked. Under the chairmanship of Mrs. Jean S. Harry, a committee representing the hospitals and members of the nursing profession has plans well underway—even for the weather and means of enjoying it. Arrangements for the annual dinner give promise of a pleasant surprise.

The date of the meeting has been set at a time when motoring should be very much in order, and a week-end at Prince Albert, at Waskesiu, or some other point of interest, may well be included. A copy of the program, with all particulars, will be forwarded to members later. In the meantime, we are grateful to the *Journal* for this opportunity to send a notice in advance to nurses in Saskatchewan, or to those visiting in the province, to "Be Prepared".

PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association.

Nursing Care for Racial Groups

MARGARET DUFFIELD

When we think of building up a program which will meet the needs of the many racial groups which have made this country their home, and who have brought with them from their native soil so many old traditions and ideas regarding health matters, it is no small responsibility to assume the guidance of the health situation which confronts us. It does not matter whether we are concerned with European or Oriental racial groups: the program should be the same, regardless of the race to which the individual or family may belong. Health is not selective, and the knowledge required for good nursing care is mostly simple and factual. The majority of persons of all races, once they have seen satisfactory results from a health service, are eager to get practical, authoritative advice from those who are trained to serve them.

In reading an article on public health nursing a short time ago, I found a quotation from Dr. Livingstone Farrand, of Cornell University, which says: "The part which public health nursing plays and must play in any organized effort to improve human vitality under modern conditions is now so obvious that it no longer needs argument. The problem is to increase its effectiveness". Following up this statement, and confining our problem mostly to the Oriental health situation in British Columbia, what is being done in this province to give to our Oriental population an effective but simple program?

It has been realized in British Columbia that to meet the health situation, especially among the Oriental population, it is necessary to give to them health teachers of their own nationality. To do this, young Japanese and Chinese women were admitted to the schools of nursing in the Province for a complete training in the profession and practice of nursing. Some have also been encouraged to take the post-graduate course in public health nursing at the University of British Columbia, so that the whole subject of the application of preventive and curative nursing was made available to them for use in their approach to their own nationals. In this way, it is hoped that the language difficulty will be overcome and that the levels of living, of sanitation and hygiene, and the long hours of work will gradually be improved. It is expected that these nurses will act as the instruments of reform and, as one generation succeeds another, the individuals and families will recognize that they are makers of their own destiny and their old lack of education in this field will disappear. It is a time-worn adage that

in proportion as knowledge spreads in a community, disease and incapacity decline.

Dealing with the Oriental situation particularly, we find that they are the most difficult racial group with which we are in contact. All European racial groups are very amenable to the health instruction which they find in their adopted country and, in a very short space of time, can be brought into line with the educational plans for health which are given to them by the public health nurse in the schools, the clinic, and the home. When once they have a knowledge of the way of health, and of the causes and channels through which disease is spread, they co-operate with the general population and prove apt followers of the community health program. The Oriental, however, is a fatalist and still has many of the characteristics of the Dark Ages. Regardless of these difficulties and many others, we expect our school nurses, our tuberculosis nurses, and our Victorian Order nurses to spread knowledge and to break down these native inhibitions with the help of the service that is being given to them by their own countrywomen.

Within the past year, in the city of Vancouver, the Japanese nurse attached to the Victorian Order of Nurses has visited 126 Japanese families and has paid 1,083 home visits. She has also created several activities in the community, among them being a prenatal clinic to try and make the pregnant Japanese woman conscious of the need of medical supervision during this period. She has also been active in assisting the nurses in the services organized for this Metropolitan Health Area in their clinics, and particularly in interpreting and visiting many tuberculosis cases, active, suspects, and contacts, in company with the nurse in charge of the district. In this way, a closer contact is maintained with all ages in the group. The same service is given by the Chinese nurse (who is supported by the Chinese Benevolent Association) to her nationals. The clinics for the control of tuberculosis, and the well baby clinics, are gradually being better attended as they become better known, and the follow-up work does not allow the patients, suspects, or contacts to be lost sight of. A typical month's activity carried on by the Metropolitan Health services of the city of Vancouver is tabulated as follows:

Japanese

Tuberculosis cases	71
Tuberculosis suspects	8
Tuberculosis contacts	130
Home visits	49
Babies attending Well Baby Clinic	25
Non-clinic babies visited	35
Pre-school children visited	190

Chinese

Tuberculosis cases	73
Tuberculosis suspects	7
Tuberculosis contacts	118
Home visits	39
Babies attending Well Baby Clinic	16
Non-clinic babies visited	20
Pre-school children visited	45

The Chinese nurse has also been active in promoting health services.

It is, however, to the second generation that we look for results. When they understand the necessity for early medical diagnosis and treatment of the sick, and the medical and social implications for the prevention of disease, we will feel that our services to the different racial groups are getting results. As in the individuals, so in the community, knowledge is the sheet anchor and the main approach to positive health. The Province of British Columbia, through its public health nurses, is endeavouring to meet the situation. It is encouraging to find that although the road is a long and dark one, especially as regards the Orientals, a light is faintly seen in the distance.

Public Health Nursing in a Japanese Community in British Columbia

EILEEN WILLIAMS

My first morning at Lord Byng Public School in Steveston was indeed a surprising one. Previously I had known that Steveston was a Japanese fishing village, but had no idea that at least four hundred of the five hundred students who attended the school would be Japanese.

Steveston is part of the Municipality of Richmond, which comprises Lulu Island and Sea Island. These islands, formed by the North and South Arms of the Fraser River just before it reaches the Pacific, are rich farming districts. Steveston occupies the south-west corner of Lulu Island, the larger of the two islands. Its Japanese population is between two thousand and twenty-five hundred with fishing as its most important industry. A few families live on farms, the father fishing in the summer and the mother tending the farm. There are several smaller settlements of Japanese on the island and one community on Sea Island. As part of the island is below sea level it is surrounded by dykes and it is along these dykes that the people live. Their homes are small frame buildings built in close proximity to each other with very little or no garden space. In some parts the houses are built on piles over the water. One cannery, Scotch Canadian, is built on a wharf about a quarter of a mile from shore and is reached by a small foot bridge. There are eleven canneries in Steveston, but today only five are canning fish. These are Winch, Great West, Phoenix, Imperial and Gulf of Georgia. The B. C. Packers' Cannery, (Imperial) is the largest cannery in the British Empire and since the outbreak of war has worked steadily canning salmon, herring, clams and oysters for export to Great Britain. This is the home of the famous "Clover Leaf" brand.

During the winter months the people have more leisure time. Any day you will find them before their fires making and mending nets, smoking and gossiping, the women knitting. In Steveston there is a very active Red Cross group for which the Japanese women do a great deal of knitting and sewing. The making of nets is a very intricate business and much time is spent on this work. Nets are becoming more and more expensive and much harder to get. Nets previously costing about two hundred dollars now cost three hundred dollars. The linen twine used is imported from Ireland.

The early spring is a busy season. The boats are made seaworthy and painted. The nets are made ready. Everywhere there is the smell of tar as the wooden buoys which keep the nets floating are tarred. From the time the fishing season opens, usually early in April, until it closes in November there are very few men to be seen in the village. They are out in their boats from Sunday midnight till Saturday noon. The fish are collected by the fish collectors who deliver it to the cannery. This is also a very busy season for the women. They work in truck gardens as berry pickers or weeding etc., and at the cannery. Then too, each family has its own little garden patch. It may be around the house, but more often it is a small strip of land somewhere nearby. Each house

has its pots of chrysanthemums and often a rowboat, past its first usefulness, is made into a flower box or a small vegetable garden.

With the formation in November, 1936, of the Metropolitan Health Committee for Greater Vancouver, Richmond had for the first time a full time public health service. A generalized program of school, child welfare and tuberculosis work is carried out. The first few months spent in Steveston four years ago can be laughed at now, but at the time they were not amusing. Class lists received from the teachers were nightmares. Just how did one pronounce such names as Shimako Niwatsukino and which were boys and which were girls? My first attempts to pronounce names were greeted with roars of laughter from the children. If one wished to visit Ryunosuke Kamitakahara how did one find his house? He lived at Imperial Cannery the class list said. Well, there were about a hundred families at Imperial Cannery, in houses almost identical. Some of the houses are numbered, but even so house number one and house number two are not next to each other.

Mending the nets

When the right house was finally found and one tried to explain who one was, there was more confusion—who was the school nurse and why did she come to the house? To-day the "Gawko kangofusan" is well known and welcome anywhere. The language problem presented the most serious difficulty, for although many of these people have lived twenty-five or thirty years here, "hello" and "goodbye" are still the only English they know. Imagine trying to make a mother understand that her child's tonsils should be removed, when you couldn't speak Japanese and she couldn't speak English. However, an interpreter usually arrived from somewhere, hastily summoned by the good "okusan". I have picked up a few Japanese words, but a little knowledge is a dangerous thing, for my two words will be the start of a long conversation which I don't understand and have difficulty in stopping. Soon after I started to work in Steveston I was lucky to meet Miss Neta Sadler, a United Church missionary, who had just returned from five years in Japan and was stationed in Steveston. She taught me how to pronounce Japanese names, and once you know how it is very easy. On many occasions she has acted as interpreter and has helped make our work here successful.

On the whole the Japanese are very willing to co-operate. When the Metropolitan Health Committee took over, the children had many defects; for previous to this there was only a part time medical health officer to do the work, with nobody to point out defects and explain the conditions found. To-day practically all these defects have been attended to. If you say tonsils must come out they are removed almost immediately. I remember a visit made to

tell the parents that one of their children needed glasses. The father said he'd get them, he was sorry he was too busy to go to-day, but would to-morrow do?

At present our biggest problem is defective teeth. From the time a Japanese baby is able to take solid food, candy becomes a part of the diet. Every day one sees them walking down the street clutching their bags of candy. Unfortunately, milk has but a very small part in their diet; the children do not like milk and are not made to drink it. However, more milk is now being used in the homes and much of the credit must go to the teachers in the public school. There is a school dental clinic and many of the families take advantage of it. Most of the children now receive treatment, but their teeth are so poor that further treatment is constantly required.

Communicable diseases are another source of worry. The diseases spread rapidly, owing to the closeness of the houses. Then too, the parents do not object to their children being away from school, but do not keep them at home and away from the neighbours. A close watch has to be kept to see that children sent home from school are not attending Japanese language school. The language school presents another problem for, although not compulsory, most of the children attend it for an hour and a half after regular school. As many of them have several miles to walk home this leaves very little time for play before an early bedtime. Each year diphtheria toxoid and vaccination clinics are held and scarlet fever toxin has been given for several years. The response has been marvelous and practically every child in the school has been immunized.

A baby clinic is held monthly which both the white and Japanese mothers attend. Here the Japanese mother is taught how to feed her baby properly, and since most of them are the young second generation Japanese, they are very willing to co-operate and to give their babies cereal, cod liver oil, orange or tomato juice and vegetables. Sometimes, however, the young mother is unable to do this because the old woman, who is the head of the house, thinks this is all foolishness and that the old ways are best, and forbids her daughter to try this new way.

A colourful procession

Both the United and the Roman Catholic Churches do missionary work in the community. Although a great many of the people are Christians many still follow Buddhism, the religion of their forefathers. In connection with these missions are kindergartens for the pre-school group; the United Church takes children from four to six years of age; the Roman Catholic Church has a day nursery as well as the kindergarten. All Japanese children entering grade one of the public school must have had at least two terms at the kindergarten. The public health nurse visits each kindergarten monthly, and school regulations regarding communicable diseases

are followed. Each year any children who have not had diphtheria toxoid are given the opportunity to have it; however there are very few who have not had it by the time they start kindergarten. At the United Church kindergarten each child brings a lunch in his "obento" box, this is not always an ideal lunch, usually there is candy and sweet sticky cookies. We find now that there is a growing tendency to bring more fruit and less candy. We hope to be able to give milk to these groups, but at present they prefer hot water.

We are lucky in having a young Canadian born, Canadian trained Japanese doctor in Steveston, at the Fishermen's Hospital. Each week he holds a prenatal clinic and is trying to teach the young mothers the importance of a proper diet during the prenatal period.

Tuberculosis visiting is also done but we feel that this is the one branch of the program that has not been wholly successful. The Japanese are terrified of the very name. Unfortunately they will not co-operate and when a diagnosis of tuberculosis is made they will often leave their doctor and make the rounds of irregular practitioners hoping to find one who will make a more attractive diagnosis. Then they go away quite happy and spread the disease in the community. This is the one time I am not made welcome. There is a social stigma on those who have the disease and they do not wish the neighbours to know. I am asked not to visit and even those who wish to co-operate prefer to visit me rather than have me call at the home. The problem is definitely educational: not only to teach the people who have the disease how to care for themselves, but to teach the whole population that tuberculosis is not to be hidden and kept in the dark, but to be brought into the open and fought.

One cannot speak of the Japanese people without commenting on their hospitality and generosity. They like to serve Japanese tea and their little cakes made of rice, soya beans and chestnuts when you visit them. Often a present is waiting for you. This may be a fresh spring salmon, a pot of chrysanthemums or a lovely Japanese doll.

Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers, and resignations from the Victorian Order of Nurses for Canada:

Miss Dorothy Paulin, a graduate of the Vancouver General Hospital and of the public health nursing course at the University of British Columbia, has been appointed to the staff of the Vancouver Branch.

Miss Phyllis Bronson, a graduate of the school of nursing, University of Toronto, has been appointed to the Halifax Staff.

Miss Bessie Harris, a graduate of the Royal Jubilee Hospital, Victoria, B. C., and of the public health nursing course at the University of British Columbia, has been appointed to the Vancouver staff.

Miss Harriet Jean Brown, a graduate of the school of nursing, University of Toronto, has been appointed to the Toronto Branch.

Miss Eleanor Webster has been transferred from the Border Cities staff to take charge of the Branch in Orillia.

Miss Isabel Black has been transferred from the Orillia Branch to take charge of the Branch in Kingston.

Miss Grace Ewing, who was relieving temporarily in Kingston, has returned to the Ottawa Branch.

Mrs. Harrison, formerly Dorothy Cotton, has resigned from the Westbank Branch to join her husband in Saskatoon.

Nursing Diabetic Patients

LILLIAN A. CHASE, M. D.

Qualities needed in a nurse who is responsible for the care of diabetics are *quickness*: she must act quickly in a coma case, or when the patient has a reaction; *observation*: she is there alone with the patient and has to decide whether the patient is having a reaction or not. The one test for hypoglycemia is a blood sugar estimation — but who is going to do that for the nurse at 3 a.m.? She must have a sense of order in keeping charts and records, and a love of teaching, for she must teach the patient or, if she is a supervising nurse, she must teach her pupils.

Diabetic coma is a dramatic condition requiring prompt action on the part of doctors, nurses and laboratory technicians. The diagnosis may be made before seeing the patient by smelling the pervasive acetone odour. If the ward nurse receives word by telephone that a coma case is being sent in she should have ready a warm bed because the patient's temperature is usually subnormal. Materials for taking blood for blood sugar estimation should be assembled together with insulin and an intravenous set with plenty of normal saline solution. As soon as the blood sugar is taken, the insulin should be given and then the normal saline should be started. In less than 15 minutes these things should have been done and the saline should be running in. The rush is now over and there is little to be done for the patient until the second blood sugar is taken four hours after the first one.

Since the patient is unconscious he cannot void. It is not good practice to catheterize the diabetic because infection is very easily carried into the bladder; as the patient returns to consciousness he will void. Information obtained from the urinalysis will add little to that obtained from the blood sugar estimation. The first blood sugar is usually between 400 and 500 mgs. percent. Since the sugar in the blood is already too high I do not use glucose in treating coma cases. The great need of the patient is fluids and as much as 5,000 c.c. of normal saline may be needed. It can be run in quite rapidly because every tissue in the body is dehydrated.

The insulin used in coma is the unmodified, or what is now labeled "Insulin-Toronto". Protamine zinc insulin may also be given at the same time, but since this does not take effect till four hours after it is given we rely on the unmodified insulin to act immediately. Different doctors will have different ways of giving the insulin, but I like to give an initial dose of 50 units of unmodified insulin in the average coma case. Some give a dose of protamine zinc insulin at the same time.

At the end of four hours consciousness should be returning to the patient, he will be less dry, and he may have voided about 20 ounces of urine. This urine will have about 4 percent sugar, much acetone, and usually a trace of albumen. Another blood sugar is taken, which may be about 250 mgs. percent, four hours after insulin was given. The doctor decides whether to order more insulin or not. Fluids must be given liberally, until the patient's tongue shines. If the patient's temperature is not subnormal when he is in coma, infection must be looked for. The commonest diabetic infection is cystitis or pyelitis.

Hot water bottles, if used on the diabetic, must be used with the greatest care. The wise nurse will use them only on the doctor's written order. The reason the hot water bottle is dangerous to the diabetic is because the peripheral circulation of the elderly diabetic may be poor. In the young diabetic the danger of hot water bottle burns and diabetic gangrene is not so great.

Points on giving insulin worth noting are: first, the nurse should note what *kind* of insulin, next what *strength* of insulin is ordered. There are only two kinds made in Canada; the unmodified insulin or the plain insulin; or insulin-Toronto made from zinc crystals. This takes the place of the original insulin that was put up in packages with a blue label 20 units per c.c.; a yellow label 40 units per c.c.; a green label 80 units per c.c. The labels are now all grey, with the printing done in different colours for different strengths. The 40 unit strength is the one most commonly used.

The protamine zinc insulin does not act till four hours after it is given and may continue to act for thirty-six hours after. It is given in larger doses than the unmodified insulin. In any dose requiring more than 40 units the 80 unit per c.c. strength should be used. Insulin is always measured in units and never in c.c. The spot where the insulin has been given should be deeply pressed with the thumb so the insulin will be dispersed and no hard lumps formed. If this is done faithfully and thoroughly no fibrous tissue will form. In charting the dose of insulin Roman numbers should never be used.

Bladder and kidney infection is the commonest diabetic complication. It does not seem to injure the patient much but it is most difficult to clear up. One of the most serious complications is diabetic gangrene. It can start as an innocent-looking ulcer on a toe and end with a mid-thigh amputation.

Diabetic patients should be taught care of the feet. All symptoms referable to feet are serious. Pain in the feet may be due to hypoglycemia or to diabetic neuritis or to gangrene. Gangrene is due to the blocking of the arteries to the leg. Buerger's exercises are very useful in treating foot pain due to impaired circulation. Elevate the feet on four pillows for one minute; hang the feet over the edge of the bed for one minute; keep feet horizontal on the bed for one minute. Repeat this three times daily, increasing each movement one minute until fifteen minutes is reached.

Testing the urine is very often done by the nurse. Always let the test cool before it is read. If there is any green or blue above the yellow precipitate the test should be marked one plus. I find nurses inclined to mark a test two plus which after cooling turns out to be just one plus.

Vomiting in a diabetic is always an emergency: acidosis can develop very fast. Contrary to expectation, vomiting increases the need for insulin. A diabetic patient without complications seldom requires hospital care. He is treated as an office case by the doctor, hence the nurse sees only the more severe cases. Caring for diabetics is satisfying because they tend to recover. It is not the diabetes that kills them but a complication. Recent work on animals has revived the idea of a cure for diabetes. This would seem to be a possibility in young patients who have completed growing and who keep sugar free.

Editor's Note: This article was obtained for the *Journal* by the publications convener of the General Nursing Section of the Canadian Nurses Association.

STUDENT NURSES PAGE

Learning about Tuberculosis

MARGARET GOLDIE, MARY WUJEK *and* MARGARET DUNN
Student Nurses from Cape Breton Island

Since we have subscribed to *The Canadian Nurse*, we as student nurses, have found that it has bridged the gap that separates us by distance. We have become acquainted with you through the Student Nurses Page and spent many interesting moments reading about your work and special interests. We thought that you would be interested in some of our progress in nursing way down in this little Island of Cape Breton, we are going to tell you about the new tuberculosis unit of St. Joseph's Hospital, Glace Bay, and our affiliation.

The Tuberculosis Unit was erected as part of the program of the Department of Health for control of tuberculosis. Situated to the rear of the nurses residence, the Unit commands a wide view of the Atlantic Ocean and the town of Glace Bay. The first floor contains the kitchen, linen and store room, the clinic department, and the pneumothorax room. There are also two examining rooms, a waiting room, an office for the public health nurse, and an office for the doctors.

The Unit accommodates about forty-four patients. On the second and third floors are two wards, each containing four beds, six rooms containing two beds, and one single room. There are also utility rooms, a diet kitchen, and nurses' dressing room. On the top floor there is a large attic which, at present, is not being used, but which would make an ideal recreation room for the patients. The windows are equipped with Venetian blinds thus giving a sunny appearance. The beds are supplied with bed lamps and radio connections which add to the convenience and comfort of the patients.

All student nurses are given two months training in the Tuberculosis Unit in their second year. Six weeks are taken up with general nursing, and the other two in special training. During these two weeks we have a fine opportunity of visiting homes around our own town of Glace Bay and of seeing the conditions and progress of social work through with Miss Brophy, who is a very industrious and zealous public health nurse.

The general routine is different in the Unit than in the main hospital. Nurses are taught the importance of wearing gowns and masks while caring for the patients. All work is done on schedule and is very much the same, day after day. Each morning, from nine until eleven, the patients have absolute rest. During this time, not even the

nurse is allowed to enter their rooms, nor are they allowed to read or indulge in amusements. This period of absolute rest is repeated in the afternoon.

The course in theory covers a series of lectures on the following subjects: history of tuberculosis; anatomy of chest and structures commonly affected; surgical cases, and their operative care; tuberculosis from the viewpoint of the Department of Public Health; tuberculosis in the home. These lectures are enriched by the showing of gripping films such as, "Behind the Shadows", and "Let My People Live", also by the showing of radiographs and assisting with clinics.

Unselfishness and generosity are shown in the sincerity of effort by the medical staff and teachers. Our teachers include Dr. C. J. Beckwith of the Medical Division, Dr. J. A. MacDonald, Dr. J. R. MacNeil, and Dr. Corbett, part-time workers of the Unit, Miss Brophy, our public health nurse for Glace Bay, and the superintendent of the Tuberculosis Unit, Sister Alexandria. As this affiliation is just a year old, we hope at a later date to write you more about its growth and success.

Obituaries

On March 2, 1941, at Carleton Place, Ontario, the death occurred of Mary Ann Catton, an outstanding pioneer member of the nursing profession in Canada. Miss Catton was a member of a distinguished family and liked to recall that her great grandparents on the maternal side had been present at the wedding of Napoleon. Miss Catton's parents made their home in Lachute, Quebec, and she was educated at the Lachute Academy and the Boston Technical School. She received her professional training at the School of Nursing of the Boston City Hospital, and later took post-graduate work in administration at the same hospital, graduating with honours. Miss Catton served as supervisor of the medical wards in the Boston City Hospital for four years and, in 1909, was appointed superintendent of nurses in the Lady Stanley Institute for Trained Nurses of the County of Carleton General Protestant Hospital, in Ottawa.

After rendering outstanding service in this capacity for thirteen years, Miss Catton resigned in 1922. Throughout her professional career and even after her retirement Miss Catton was always

actively interested in nursing organizations. She was the first president of the Florence Nightingale Association of Ottawa and later took a prominent part in the organization of the Graduate Nurses Association of Ontario. She also took a special interest in the Canadian Association of Nursing Education, especially in connection with the department of nursing education in the *Journal*. Miss Catton served as a councillor of the Canadian Association of Nursing Education from 1916 to 1918. In 1921, she became third vice-president and in 1922 was elected to the office of president.

Miss Catton was a close friend of the late Dr. Maude Abbott and they were both present at the unveiling of a tablet in Christ Church, St. Andrews, Quebec, dedicated to the memory of Miss Catton's father who had been warden of the Church for many years. Miss Catton possessed considerable artistic talent and, in her later years, found time to write short stories, essays, and poetry. She will long be kept in affectionate remembrance by her former pupils and her many friends.

MARION L. C. MAGEE died on February 20, 1941, in Wolfville, Nova Scotia. Miss Magee was born in Saint John, New Brunswick, and served overseas as a V. A. D. from 1915 to 1920. On her return to Canada she acted as organizing secretary to the St. John Ambulance Association until 1921, when she entered the School of Nursing of the Children's Memorial Hospital, Montreal, graduating with the Class of 1923. Subsequently, Miss Magee spent several years in Indianapolis, following her chosen work in obstetrics. In 1934 she was appointed head nurse in one of the obstetrical departments of the Woman's Hospital, Detroit, where she remained until January 1939, when she became director of the Madge Sibley Hoobler Convalescent Home, a position which she filled with dignity and success.

HENRIETTA BLACHFORD, of Lytton, British Columbia, died on March 12, 1941. Miss Blachford was a graduate of the School of Nursing of the Royal Jubilee Hospital, Victoria, and a member of the Class of 1925.

An Open Letter

To my Friends:

The announcement made by way of the advertisement (in *The Canadian Nurse*) for my successor as Registrar of the Registered Nurses Association of British Columbia has brought me an overwhelming number of letters wishing me happiness in my future life and regretting my retirement from an office which I have held for twenty-three years. I hope to answer these letters personally but, since it will be June before I leave my work, I felt that, thanks to the editor's kind offer, I might first thank each of you through the *Journal*.

Having been in touch with Canadian nurses both in 'the making', as during my years at the Royal Victoria Hospital, Montreal, and in Associations since

1914 I have been in contact with so many of you, and it is a very great pleasure and pride too, to see how the nurses of Canada have gone forward during this period. It will help me to enjoy the years of retirement which may be granted me to have so many happy memories, and to recall the kindness shown me during this long professional life. Again thanking you and appreciating your letters so very much — may I wish you all the "forward" way, professionally and in your personal lives.

HELEN RANDAL, R. N.

O.N.S.A. News – Letter

This month we are happy to report that donations for the British Civilian Nurses Fund are coming in well as is shown in the report of the secretary-treasurer attached hereto.

You will remember that in the early autumn suggestions were received from Calgary and Winnipeg that all units join in a concerted war effort of some kind. Calgary suggested a surgical unit or other necessary medical equipment. Winnipeg suggested a mobile unit of some kind. These suggestions were sent for consideration to the seventeen units which compose the Overseas Nursing Sisters Association of Canada, accompanied by a recommendation from your national executive in Montreal, that we raise a fund to aid the British Civilian Nurses.

When the replies came in thirteen of the seventeen units approved of the recommendation of the executive committee. Of the remaining four, one was at first opposed to the recommendation, but has now sent us a generous donation. One, although sympathetic to our suggestion, had already begun to raise money for a mobile unit and felt they must continue. One was unable to contribute and one has not yet replied. It has been the desire of your executive here to carry out the wish of the majority of the units. We regret that all do not see eye to eye with us but realize that this is inevitable. All are doing valuable work and we wish them all success in their own undertaking.

F. MUNROE,
President.

As our President has announced, contributions have been coming in from member units across Canada freely and generously. As several units had not reached their objective upon the date suggested (March 31), the Executive Committee decided to keep the fund open until April 30, and all member units were so notified on April 2. The following subscriptions have been received to date from various units, several of which are still collecting and expect to have further amounts to forward on time: Calgary $105, Edmonton $500, Hamilton $200, Kingston $35, London $50, Montreal $329, Ottawa $80, Regina $120, Saskatoon $80, Vancouver $100, Victoria $103, Windsor $40. A total of $1742. is thus on hand as this letter goes to press on April 7.

News from the *Winnipeg Unit* reports that $450. has already been collected for a mobile unit and a drive organized through which $350. more is anticipated. In addition to other accomplishments, 13,833 articles have been made and contributed to the Red Cross Society. The *Vancouver Unit* recently held its twenty-first annual meeting. Increased war work was recorded and the proposal to send assistance to our British sisters was unanimously endorsed. The *Regina Unit*,

with a membership of twenty-one, meets monthly at the home of various members and in between times the members knit for the Red Cross. The sixteen town members raised their contribution for the British Civilian Nurses (one hundred and twenty dollars) through a successful tea party. The members of the *Montreal Unit* have knitted 229 articles and donated $107. for the mine sweepers and the Merchant Navy, this work being conducted by a committee of five, duty being taken each week by one member in connection with the Overseas Parcels League through which these articles are shipped. Wool used in this work to the value of almost $200. was also contributed. The *Hamilton Unit* of twenty members raised their contribution by a bridge which, while being a decided financial success, proved also to be a happy social event. The response from the *Edmonton Unit* was most spontaneous. A membership of thirty-one courageously pledged $125., contributed $500., and advise us that more is to follow. The *Calgary Unit*, with a membership of thirty-five, has also extended spontaneous co-operation and a most generous contribution.

We regret to record the loss by death of Miss Anna L. Bruce and Miss Sarah Heaney, members of the Vancouver Unit.

Four Units report a change of officers: *Vancouver*: president, Miss Jane Johnston; secretary, Mrs. B. M. James; *Regina*: president, Mrs. D. C. Fyffe; secretary-treasurer, Mrs. P. Harradance; *London*: president, Mrs. J. A. M. Campbell; secretary-treasurer, Mrs. W. L. Mara; *Kingston*: president, Miss Maude Abernethy; secretary-treasurer, Miss Olivia M. Wilson.

Members are reminded that News-letters appear in *The Canadian Nurse* regularly every second month and that all material must be on hand by the first day of the previous month.

E. Frances Upton,
Secretary-treasurer.

NEWS NOTES

ALBERTA

PONOKA:

A special meeting of Ponoka District, No. 2, A.A.R.N., was held recently at the Provincial Mental Hospital, with 22 members present. Miss M. McLean was appointed as delegate to the A.A.R.N. annual meeting. After the business meeting the members attended a motion picture entitled "Not Peace but the Sword", held under the auspices of the occupational therapy department, and in aid of the Civilian Nurse Air-Raid Victims Fund in England.

Miss Edith Kemp recently left for Montreal to take a post-graduate course in neurology at the Neurological Institute, Royal Victoria Hospital. Miss Helen McCauley has taken her place as assistant superintendent of nurses at the Provincial Mental Hospital.

Miss Dorothea Kachell left recently to take a position at the Prelate General Hospital, Saskatchewan.

LETHBRIDGE:

At a regular meeting of Lethbridge District No. 8, A.A.R.N., held recently at St. Michael's Hospital, the main topic of discussion was the provincial annual meeting. It was agreed that at each meeting members would bring a voluntary donation towards the Civilian Nurses Air-Raid Victims Fund.

The following members have been appointed to the staff of St. Michael's Hospital during the past year: Miss K. Haugrud, St. Paul's Hospital, Saskatoon; Miss B. Forsyth, Holy Cross Hospital, Calgary; Miss R. L'Heureux, Vegreville, General Hospital; Miss M. McCulloch, Holy Cross Hospital, Calgary; Miss P. Brown, St. Boniface Hospital, Winnipeg; Miss E. Lazechko, St. Boniface Hospital, Winnipeg; Miss C. Roy, St. Boniface Hospital, Winnipeg; Miss J. Doree, St. Paul's Hospital, Saskatoon; Miss M. Millar, Holy Family Hospital, Prince Albert.

Married: Recently, Miss Hazel Watson (Galt Hospital, Lethbridge) to Mr. William Malnison.

EDMONTON:

The Alumnae Association of the Royal Alexandra Hospital School of Nursing recently entertained at a banquet in honour of

the Class of 1941. Forty-six graduates and many out-of-town members were present. Miss L. Einarson, the president, was in the chair, and introduced the guest speaker, Mrs. J. C. Garrett, who gave a descriptive talk on "Travels in Europe, 1938-40". Mr. Jerry Forbes entertained the gathering with vocal solos, and the nurses joined in a sing-song.

The following graduates of the Hospital are doing post-graduate work: Miss Jean Davidson, Chicago University; Miss Irene Toby, McGill University; Miss J. Bullock, New York Hospital; Miss E. Cotton, Toronto University; Miss E. James, Toronto University; Miss E. Jones, New York Hospital; Miss F. Ferguson, Children's Memorial Hospital, Montreal; Miss J. Stuart, Children's Memorial Hospital, Montreal; and Miss A. Culshaw, Margaret Haig Maternity Hospital, New Jersey.

BRITISH COLUMBIA

VANCOUVER:

Vancouver Graduate Nurses Association:

An experiment is being undertaken by the program committee of the Vancouver Graduate Nurses Association this year which got under way at the meeting in St. Paul's Hospital on March 12. Miss A. Reid, convener of the program committee, presented an outline of the experiment. She explained that under the stress of war conditions, it would be well for us to draw on our own resources and experiences to broaden and widen the scope of our ideas and to stimulate interest in nursing subjects and problems among as many members as possible. Many nurses have availed themselves of post-graduate study, others have gained knowledge in various branches of nursing and all are interested in the scope of nursing. Thus by arranging a series of round table discussions, open forum, and the like, the committee hopes to draw on most of the members throughout the year. To lead off, a panel discussion on post-graduate courses was held. Miss Henderson, Miss Rowell, Miss Creelman, and Miss Buchanan each gave a vivid word picture of courses they had taken. Miss Reid directed the discussion and brought out the highlights and the low lights of these courses. Miss Nelson then produced a fund of information concerning most of the courses that can be had in Canada. Open discussion followed and when the meeting closed all went home with a newer and keener interest in the advanced study of nursing.

Married: Recently, Miss Phyllis Eleanor Dalton (Nicola Valley General Hospital, Merritt, 1935) to Mr. James Pettigrew Brown.

Married: Recently, Miss Joyce Gwendoline Docker (V.G.H., 1930) to Pte. Harold Jones.

Married: Recently, Miss Frances Maude Lewis (V.G.H., 1940) to Mr. Arthur Henry Ogilvie.

Married: Recently, Miss Catherine Yorston (V.G.H., 1937) to Major Robert Hunter.

NOVA SCOTIA

HALIFAX:

A regular meeting of the Halifax Branch, R.N.A.N.S., was held recently at the Grace Hospital. The evening was devoted to a review and discussion of the activities of the war effort committee as follows: The home nursing teaching course given to graduate nurses who volunteered to teach home nursing; the first aid course for graduates; organization of a voluntary nursing staff personnel for the Red Cross emergency preparedness organization of hospital units, to be ready in the event of a disaster in Halifax; a refresher course in emergency operating-room technique; organization of a corps of graduate nurse instructors to teach home nursing; study of a possible establishment of an auxiliary nursing corps in Nova Scotia. Plans were made for a method of collecting regular donations from members for the Civilian Nurses Air-Raid Victims Fund. A social hour followed.

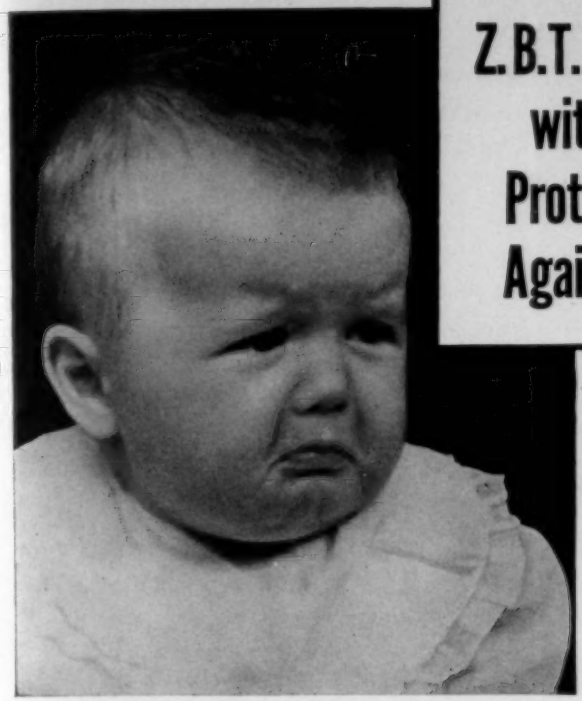
KENTVILLE:

A well-attended meeting of the Valley Branch, R.N.A.N.S., took place recently at the Nova Scotia Sanatarium, with the president, Miss A. E. Richardson, in the chair. A sing-song, led by Miss Margaret Cocharane, was much enjoyed. Mrs. Hope Mack read an interesting paper on nursing education, taken from the summary of the Curriculum, and the report by Miss Agnes Macleod given at the biennial meeting. Refreshments were served by the charge nurses of the Sanatarium staff.

Miss Marguerite Hartlen has recently been called for nursing service with the R.C.A.F.

SYDNEY:

A regular meeting of the Cape Breton Branch, R.N.A.N.S., was held recently at St. Rita's Hospital, with the president, Miss Rhoda F. MacDonald, in the chair. The Rev. J. B. Nearing addressed the group on the art of living, and his talk was much enjoyed. A report on nursing education and curriculum activities was given by Sister Mary Peter of St. Joseph's Hospital, Glace Bay, and Miss Olive MacPhee reported on public health activities. Mrs. Alex MacDonald reported on a meeting of private duty nurses held in Halifax, under the convenership of Miss Frances M. H. Brown, and the treas-



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urer's report showed that the finances of the branch were in good condition.

Miss Elsie Dakai has joined the staff of the Cape Breton public health unit.

ONTARIO

District 1

London:

The Ontario Branch of the Canadian Red Cross Society were sponsors of a refresher course for graduate nurses recently held at the University of Western Ontario. Over 30 nurses who had conducted classes in home nursing in their various districts participated, and found the course interesting and profitable. Hourly lectures were delivered throughout the day by the doctors and nurses of the University Faculty of Public Health. The course included lectures on the psychology of learning, recent advances in medical treatment, and preventable diseases. During the discussion and demonstration periods, members outlined methods used in their locality, while the London nurses gave practical demonstrations of teaching at the Central Collegiate Institute and Victoria Hospital. Credit should be given to the excellent work of Miss M. I. Walker who organized and directed the course. It is the hope of all the nurses that a similar, if not more extensive course, will again be conducted next year.

Chatham:

The St. John Ambulance Course in first aid organized in Chatham and conducted by Dr. W. Charteris, was completed recently by Sister St. Joseph, Sister Valeria of St. Joseph's Hospital, and Miss Anne Kenny and Miss Evelyn Cadotte, graduates of St. Joseph's Hospital.

Windsor:

A refresher course for graduate nurses teaching Red Cross home nursing classes was held recently at Hotel-Dieu, with 41 in attendance. The lecture on the psychology of learning, given by Sr. Maitre, dealt with the laws of suggestion, the discipling of memory, achievement, success, failure, and defeat. Miss Marjorie McCutcheon (V.O.N.) gave the second lecture on the psychology of teaching. In the evening Mrs. Dix, supervisor of the operating room at Grace Hospital, gave practical demonstrations in the teaching of a class.

Sarnia:

At a mass meeting of nurses, recently held in Sarnia in aid of the Civilian Nurses Air-Raid Victims Fund, Miss Siegrest was appointed chairman, and Miss Heffron secretary. In aid of the Fund, Mrs. W. B. Carruthers offered her home for bridge, and Mrs. Ellenor entertained the nurses at a social evening.

The nurses registry for general nursing is sending two delegates to the provincial annual meeting.

Sarnia General Hospital:

The graduating class of the School of Nursing of the Sarnia General Hospital recently held a tea in aid of the Civilian Nurses Air-Raid Victims Fund, the room being decorated with flags, miniature planes, and boats. Miss Shaw and Miss McPhedran received the guests, and Miss McFarlane and Miss O'Malley poured tea, while the members of the class served the guests.

Married: Recently, Miss Evelyn Heal (S.G.H., 1940) to Mr. Ray Daley.

Married: Recently, Miss Evelyn Weaver (S.G.H., 1940) to Mr. Francis Sparling.

Married: Recently, Miss Alma Fulcher (S.G.H., 1939) to Mr. Ross Luckhurst.

Districts 2 and 3

Guelph:

A one-day refresher course for public health nurses was held recently at the Ontario Agricultural College, Guelph, with Miss Minnie S. Hackett, chaiman of the public health section, Districts 2 and 3, R.N.A.O., presiding. At the morning session Professor R. G. Knox of the department of animal husbandry, Ontario Agricultural College, spoke on the food market situation in Canada from the producer's standpoint, with particular reference to the consumer's responsibility. At the luncheon meeting, Dr. G. I. Christie, president of the College, spoke of the surpluses in Canadian food output. Other speakers were Dr. H. D. Branion of the department of animal nutrition, and Miss Mabel Sanderson and Miss Mayme Kay, both of the Macdonald Institute. Visits were made to the green houses, the cold storage houses, department of horticulture, and the food laboratories at Macdonald Hall.

Brantford:

Brantford General Hospital:

At a recent meeting of the Alumnae Association of the Brantford General Hospital, $25. was voted to the British Fire Fighters' Fund. The members of the Florence Nightingale Club were guests at a social hour which followed. Miss Edna Lewis, convener of Red Cross work for the Alumnae Association, reported that many knitted garments

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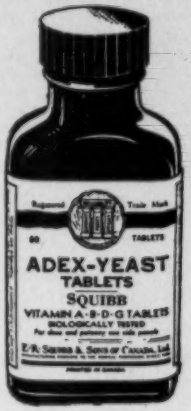

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Montreal Unit

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A Certificate will be granted upon successful completion of the course.

For further particulars apply to the:

Superintendent,
SHRINERS' HOSPITAL FOR CRIPPLED CHILDREN,
Montreal, Canada

had been donated to the Brantford Branch of the Canadian Red Cross Society. Miss K. Charnley, supervisor of the obstetrical ward of the Brantford General Hospital, was appointed as representative of the Alumnae Association to the R.N.A.O. annual meeting. Miss Mary Brown and Miss Elizabeth Bryant (B.G.H., 1937) have been called for nursing service with the R.C.A.M.C. Miss Brown was formerly supervisor of the surgical ward for the Hospital, and Miss Bryant was active in private duty nursing in Brantford.

Married: Recently, Miss Margaret Ann Walley (B.G.H., 1936) to Mr. Lewis Quackenbush Farrell.

District 4

St. Catharines:

Miss Margaret Irene Whitaker (St. Joseph's Hospital, Hamilton), formerly industrial nurse for the Canadian Canner's Limited, St. Catharines, is now associated with the English Electric Company of Canada, Limited, St. Catharines, in the capacity of industrial nurse.

District 5

Barrie:

A recent meeting of Chapter 2, District 5, R.N.A.O., was held at Barrie with Miss Irene Lawson, the president, in the chair. There were 28 members present. The election of officers resulted as follows: President, Miss Jean Tannahill, St. Andrew's Hospital, Midland; vice-president, Miss Olive Brown, Orillia; secretary-treasurer, Miss E. Pettuck, Ontario Hospital, Orillia; representative to *The Canadian Nurse*, Miss Nora Hanna, Orillia. The following papers were presented by members of the Chapter: Miss E. Williams, superintendent of nurses, Royal Victoria Hospital, Barrie, on the nursing care of nephritis; Miss E. Pettuck, Ontario Hospital, Orillia, on blood and serum banks; Mrs. Jas. Clarkson, on the home nursing course.

Toronto:

Hospital for Sick Children:

A meeting of the Alumnae Association of the Hospital for Sick Children was held recently with the president, Mrs. Russell, in the chair. An encouraging report was given by the entertainment committee, responsible for Chorley Park, the Military Convalescent Hospital. A drive has been arranged to increase our membership. Under the direction

of Miss McDiarmid the graduates have been divided into groups as follows: married graduates; special duty; public health; staff nurses at H.S.C.; nurses on staffs of other institutions; out-of-town graduates; overseas nurses. It is hoped that our membership will increase considerably.

A bingo was held recently to raise money for war purposes, over $100 being realized.

Toronto Western Hospital:

At a regular meeting of the Alumnae Association of the Toronto Western Hospital, Dr. P. A. Sarjeant spoke on new aspects of medicine with regard to emergency service, including gas warfare. Later, a reception was held in honour of Nursing Sisters K. Christie, J. Taylor, M. Coutts, M. Dean, A. Morrison, and J. Burt, who were presented with sewing kits. Mrs. J. H. Wood and Mrs. Farquharson presided at the tea table.

Married: Recently, Miss Grace Thomas (T.W.H., 1933) to Corp. Thomas G. Cranston.

Wellesley Hospital:

The regular meeting of the Wellesley Hospital Alumnae Association took place recently, with Miss Grace Bolton presiding. Delegates were appointed to the R.N.A.O. annual meeting, and Miss Jean Brown was appointed convener of the British Civilian Nurses War Fund. Dr. William Cavanagh gave an illustrated lecture on his research work among the Eskimos, which he is conducting for the University of Toronto. Miss Jean Harris and Miss Dorothy Powers reported that several knitted articles had been sent to the Red Cross and to the naval barracks at Halifax. Miss Mary Stanton reported that boxes of children's clothing had been sent to Miss Helen Cunningham, a Wellesley graduate, who is now matron of an evacuee orphanage in England. Letters from Major A. G. Shaw and Nursing Sister Harriet Pangman, of the 15th Division in England, were read. Miss Margaret Dulmage gave a brief address, and Mrs. A. Brymer served refreshments.

District 7

Kingston:

The March meeting of the Kingston Chapter, District 7, R.N.A.O., was held at Hotel Dieu Hospital, when the Reverend Sisters were the hostesses. Dr. Clarke of the Ontario Hospital, Kingston, spoke on mental health in war time. Miss Jean Biggar was chosen as the district delegate to the R.N.A.O. annual meeting.

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The Alumnae Association of the Montreal General Hospital School for Nurses offers a scholarship of $300.00 to a member of the Association to assist her in undertaking, during the Session 1941-42, one of the regular courses given in the School for Graduate Nurses, McGill University, Montreal. The courses offered are: Teaching and Supervision in Schools of Nursing; Public Health Nursing; Administration and Supervision in Public Health Nursing; and Administration in Hospitals and Schools of Nursing.

For further information, and the necessary forms, please apply to **Miss Catherine L. Anderson, Montreal General Hospital.** Completed applications should be returned not later than **June 1, 1941.**

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School for Graduate Nurses
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Full maintenance and an allowance of ten dollars per month will be provided for students during the entire course.

A pamphlet, detailing more complete information, will be sent upon request. Apply to:

Director of Nursing,
Toronto Psychiatric Hospital,
Toronto, Ontario.

A unique event took place recently in Grant Hall, Queen's University, when the nurses' choir of the Kingston General Hospital School of Nursing, under the leadership of Mr. Arthur Craig, gave a recital. Principal Wallace, introducting the choir, said that, to his knowledge, it was the first time that a nurses' choir had presented a concert of this kind in Canada. The choir has a membership of 55.

Miss Mabel Brien (K.G.H., 1933) is night supervisor at Moreland Hall, an orthopedic hospital in Alton, Hampshire, England. She has spent some time in Scotland assisting in the care of the children evacuated from large centres. Miss Isabel Black (V.O.N.) recently came to Kingston from Orillia. Miss Dorothy Blumnh, (V.O.N.) Smiths Falls, recently addressed the Rotary Club of that town, the subject of her address being public health work in the community.

Married: Recently, Miss Lillian Eleanor Walters (K.G.H., 1936) to Cpt. John P. McManus, R.C.A.M.C.

Married: Recently, Miss Allene MacPhail (K.G.H., 1940) to Mr. Roy Loken, R.C.A.F.

Married: Recently, Miss Harriet Margaret Malloch (K.G.H., 1939) to Dr. Maurice Charles Dinberg.

Married: Recently, Miss Mary Fong Johnston (K.G.H., 1939) to Mr. Don Wong, B.Sc.

Married: Recently, Miss Hazel Victoria O'Grady (K.G.H., 1934) to Mr. Donald MacLean, R.C.C.S.

Brockville:

At the regular meeting of the Brockville Chapter, District 7, R.N.A.O., held at St. Vincent de Paul Hospital, Miss Croft, V.O.N., gave an interesting talk about her work. She spoke particularly about ante-partum and post-partum care. A social hour followed at which the Reverend Sisters were hostesses.

A series of lectures on the St. John Ambulance Course, which is open to all graduate nurses, is being given at the Brockville General Hospital by Dr. MacDougall.

District 8

Ottawa:

About 600 nurses were present at a mass meeting held recently in Ottawa under the auspices of District 8, R.N.A.O. Many members of the nursing profession were in attendance in answer to the Association's appeal for women volunteers for first aid and air raid precautions work in the event of an emergency. Miss Mabel Stewart, chairman of the District, presided, and Col. the Rt. Rev. G. A. Wells, chaplain to the Canadian forces, was the speaker. He urged the Canadian people to awaken to their responsibilities and sacrifices in the present

struggle and drew attention to the fact that 34 completely-equipped first aid posts, for use in emergency, have been made ready in Ottawa under the auspices of the Federal District A.R.P. Films on air raid precautions work, and of the results of war over England, were shown under the auspices of the Department of Pensions and National Health. Reports were presented by Miss Mary Acland, convener for first aid and civic protection for District 8; by Miss Jean Church, chairman of the committee on registration of nurses for the out-stations; and by Miss Marjory Robertson. Addresses were also given by Dr. T. A. Lomer, chairman of the sub-committee on medical arrangements, Ottawa Federal District, and by Dr. W. O. Gliddon, chief air raid precautions officer for Canada.

Ottawa General Hospital:

Reverend Sister Flavie Domitille, former superintendent of nurses, has been appointed Superior of the Hospital. Rev. Sister Veronica, former night supervisor, has been appointed superintendent of the Hospital. Sister Marie Fernande has been appointed night supervisor, and Sister Helen of Rome has been appointed as superintendent of nurses.

Miss Rita Michaud (O.G.H., 1938) is taking the public health nursing course at the School for Graduate Nurses, McGill University. Miss Jeannine Coupal (O.G.H., 1937) is public health nurse for the Metropolitan Life Insurance Company at Chicoutimi, and Miss Willa Ahern (O.G.H., 1935) is public health nurse for the Company in the Niagara District.

QUEBEC

MONTREAL:

Montreal General Hospital:

At a recent meeting of the Alumnae Association of the Montreal General Hospital, Dr. C.K.P. Henry gave an interesting talk, with lantern slides, on the present day treatment of tumours, showing the remarkable results obtained by the use of radium and X-ray treatment in such cases.

Miss Dorothy Colquhoun (M.G.H., 1933) has been appointed to the position of senior instructor of nurses in the Royal Jubilee Hospital, Victoria.

Miss F. E. Cloran (M.G.H., 1939) has accepted a position as industrial nurse in a large plant in Brownsburg, P. Q.

Miss Mary Abbott and Miss Monica Per-

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Applications are invited from Registered Nurses for the position of Private Floor Supervisor in a 50-bed General Hospital to assist in the Operating Room. Applicants must have had experience in assisting X-ray Technician. The position offers opportunities for advancement; the salary is open. Please state age, religion, year of graduation and Hospital, experience, and references. Address applications in care of:

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Box 20, The Glades, New Brunswick

WANTED

Applications are invited for the position of Instructor of Nurses in a 120-bed Hospital. Duties are to commence on September 1. Please address applications to:

Lady Superintendent, Royal Inland Hospital, Kamloops, B.C.

WANTED

Applications are invited for the position of **Hospital Superintendent** in a 215-bed Hospital. Applicants must have had Post-Graduate course in Hospital Administration, and are to state full qualifications, religion, age, experience, and salary expected. The position is vacant on July 1. Applications will be received up to May 29, and should be addressed to:

Mr. J. T. MacLeod, Sec., Board of Directors, Glace Bay General Hospital, Reserve Mines, Cape Breton, N.S.

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ram (M.G.H., 1941) are engaged in general duty at the Western Division.

Married: Recently, Miss Ingred Pauline Gustafson (M.G.H., 1929) to Lieut. Hector Macdonald.

Married: Recently, Miss Isabel F. MacRae (M.G.H., 1941) to Dr. Henry I. Williams.

Royal Victoria Hospital:

The members of the graduate staff have completed the course and examination in first aid under the supervision of Miss E. Allder, Miss T. McKenzie, Miss K. Stanton, and Miss B. Cameron. Miss H. Sharpe is now conducting the course for members of the Alumnae Association.

The Canadian Nurses Association has appointed Miss Eileen Flanagan as nursing adviser to the Commandant of the nursing auxiliary section of the Women's Voluntary Service Corps, Canadian Red Cross Society.

Miss Margaret Etter, supervisor of operating rooms, has been spending some time at the Cornell Medical Centre and the Presbyterian Hospital, New York. Miss Charlotte Foster (R.V.H., 1936) has been added to the admitting office staff, and Miss Marguerite McDougall has succeeded Miss Foster as assistant night supervisor in the Ross Pavilion. Miss Beatrice Hewitt, head nurse on the fourth floor, Ross Pavilion, has resigned.

Married: Recently, Miss Thelma McKenzie (R.V.H., 1932) to Mr. William R. Tripp.

School for Graduate Nurses, McGill University:

Miss Barbara Beattie (Administration, 1939-40) has been appointed superintendent of nurses at the Provincial Mental Hospital, Ponoka, Alberta. Miss Beattie was formerly superintendent of nurses at the Municipal Hospital, Drumheller, Alberta.

SASKATCHEWAN

Moose Jaw:

The Moose Jaw Registered Nurses Association met on March 12 in the Providence Hospital, Moose Jaw. Since no meetings had been held during 1940, it was necessary to reorganize and elect officers. The officers elected were as follows: President, Miss Gladys Selvig; vice-president, Miss Ella Lamond; second vice-president, Miss Lillian Small; secretary-treasurer, Miss May Armstrong; representative to *The Canadian Nurse* and press, Miss Jean Gibson; section conveners: hospital and school of nursing, Miss M. E. Ingham; general nursing, Miss Joan Grayson; public health, Miss May Armstrong; committee conveners: program, Miss Marie Craig; social, Miss Kay Wilson; flowers and visiting: Miss Ursula Belsher, Miss Edith Keys.

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VI-TONE is a boon to nurses and dietitians who must deal with listless appetites and delicate digestions.

The meeting suggested that the executive revise the constitution governing the association. Miss Grayson announced the decision of the general nursing section to establish eight-hour duty for nurses doing private duty, this regulation to take effect in Moose Jaw on April 1. A report on the progress of *The Canadian Nurse* during 1940 was given by Miss A. Evans, convener of provincial Canadian Nurse Committee, with a view to stimulating more interest and soliciting new subscriptions.

A telephone bridge was recently held under the auspices of the Moose Jaw General Hospital Alumnae Association to raise funds. Each member was responsible for one table, and the event was considered quite a success. The first and second prizes were War Savings Certificates with two dollars and one dollar in stamps respectively.

Married: Recently, Miss Alma Fisher (M.J.G.H., 1939) to Corp. James Maxwell, C.A.S.F.

Married: Recently, Miss Joan Love (M. J.G.H., 1940) to L. A. C. Fred Skelton, R.C.A.F.

Married: Recently, Miss Margaret Grierson (M.J.G.H., 1939) to Mr. Roy Langdon, T.C.A.

Married: Recently, Miss Thelma L. Mackey (S. C. H.) to Mr. Arthur G. Ellison.

SASKATOON:

In aid of the civilian nurses in bombed areas of Britain, the Saskatoon nurses held a very successful tea. Over $200. was realized. Among those who poured tea were Nursing Sister M. A. Kains, of No. 4 S.F.T.S., R.C.A.F., Saskatoon, and Matron S. MacRae, of Dundurn Camp Hospital.

Miss Mary Mathias (Saskatoon City Hospital, 1936) has accepted a position at the Ottawa Civic Hospital.

Miss Mary J. Horbay (Saskatoon City Hospital, 1934) has been appointed Nursing Sister at S.F.T.S., R.C.A.F., Saskatoon.

Nursing Sister M. A. Kains has been transferred from No. 4, Service Flying Training School, R.C.A.F., Saskatoon, to the R.C.A.F., Carberry, Manitoba.

Married: Recently, Miss Bernice Patterson (S.C.H., 1938) to Mr. Chas. A. McGall.

Married: Recently, Miss Margaret E. Ross (S. C. H., 1939) to Mr. Lorne Barber.

Married: Recently, Miss Jean Piggott (S. C. H., 1939) to Mr. L. S. Olsen.

Married: Recently, Miss Mildred Amy (St. Paul's Hospital, Saskatoon, 1939) to Mr. David Ansel.

Married: Recently, Miss Hallie Matthewman (St. Paul's Hospital, Saskatoon, 1928) to Mr. Robert McKay.

Married: Recently, Miss Nellie Watson (St. Paul's Hospital, Saskatoon, 1932) to Mr. Charles Hyde.

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FOR FURTHER INFORMATION WRITE

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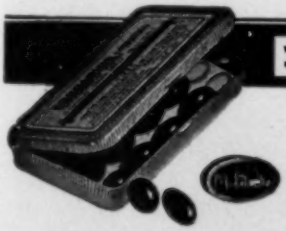
NEWFOUNDLAND

ST. JOHN'S:

The members of the Newfoundland Graduate Nurses Association were honoured recently in having as their guest speaker, Miss Mona Wilson, R.N., M.B.E., Canadian Red Cross representative, who reviewed the work of the Red Cross. Miss Wilson is impressed by the work of the Junior Red Cross in Newfoundland and usually has a large following of admiring children displaying Junior Red Cross badges in their lapels, and are thrilled when she inquires into their activities. The thanks of the Association were extended to Miss Wilson by the honourary president, Miss Emma Reid.

Miss Syretha Squires, formerly superintendent of public health nursing in Newfoundland, has recently been appointed Director of Departmental Nurses. Her new duties will include the supervision of all district nurses as well as those in Cottage Hospitals. Miss Claudine Severn has been appointed assistant director and, like Miss Squires, is extremely well qualified by training and experience for this important and challenging task.



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The other day we had a sad letter from a superintendent of nurses . . . "Our good night supervisor is going overseas", said she, "and I suddenly realize that there is literally no one who is so difficult to replace" . . . This set us thinking of the long dark year we once spent on night duty . . . Nobody seemed to value us very highly . . . we came on at seven, took the day report and carried on from there . . . Usually we hadn't slept very well and felt slightly seasick . . . and yet that year turned out to be a good one . . . We had a little cubby-hole of an office with just enough room for a desk and a chair . . . There were two telephones which rang persistently and, in the pool of light under the desk lamp, was a list of numbers we sometimes had to call in a bit of a hurry . . . Every two hours we made our rounds and, in those Spartan days, there were no "night-floats" so we had to pitch in and help as best we could . . . Sometimes, when all was going well, we used to come back for a few minutes to our little office . . . and in that quiet place it seemed as though we could feel the heart of the hospital, beating strongly and steadily under our hand . . . When we looked out over the sleeping city we could see the converging steel lines of the railway yards . . . and we liked to watch the moving headlights of the engines and the mysterious signals of the red lanterns, swinging to and fro . . . Never before had we known how many people work at night . . . nor what a sense of comradeship there is between them . . . the office of a great newspaper blazed with lights all night long . . . and the bakeries worked full blast . . . When we called the telegraph office, a calm reassuring voice would answer without a moment of delay . . . and the police would always help us to find the relatives of a very ill patient who hadn't any home telephone number . . . About four in the morning we would hear the welcome clip-clop of the milkman's horse . . . and a good smell of coffee would greet us from every ward kitchen . . . On summer mornings we used to go out on the balcony for a breath of air . . . just as dawn was breaking, and the birds were beginning to sing . . . it was good to feel that we had all come safely through the night . . . Although no profound sorrow was manifested when our year of service was over . . . our stern superintendent told us with a frosty twinkle that we had earned a good night's sleep . . . However that may be, we are sure of one thing . . . literally no one is so difficult to replace as a good night supervisor. — **E. J.**

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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